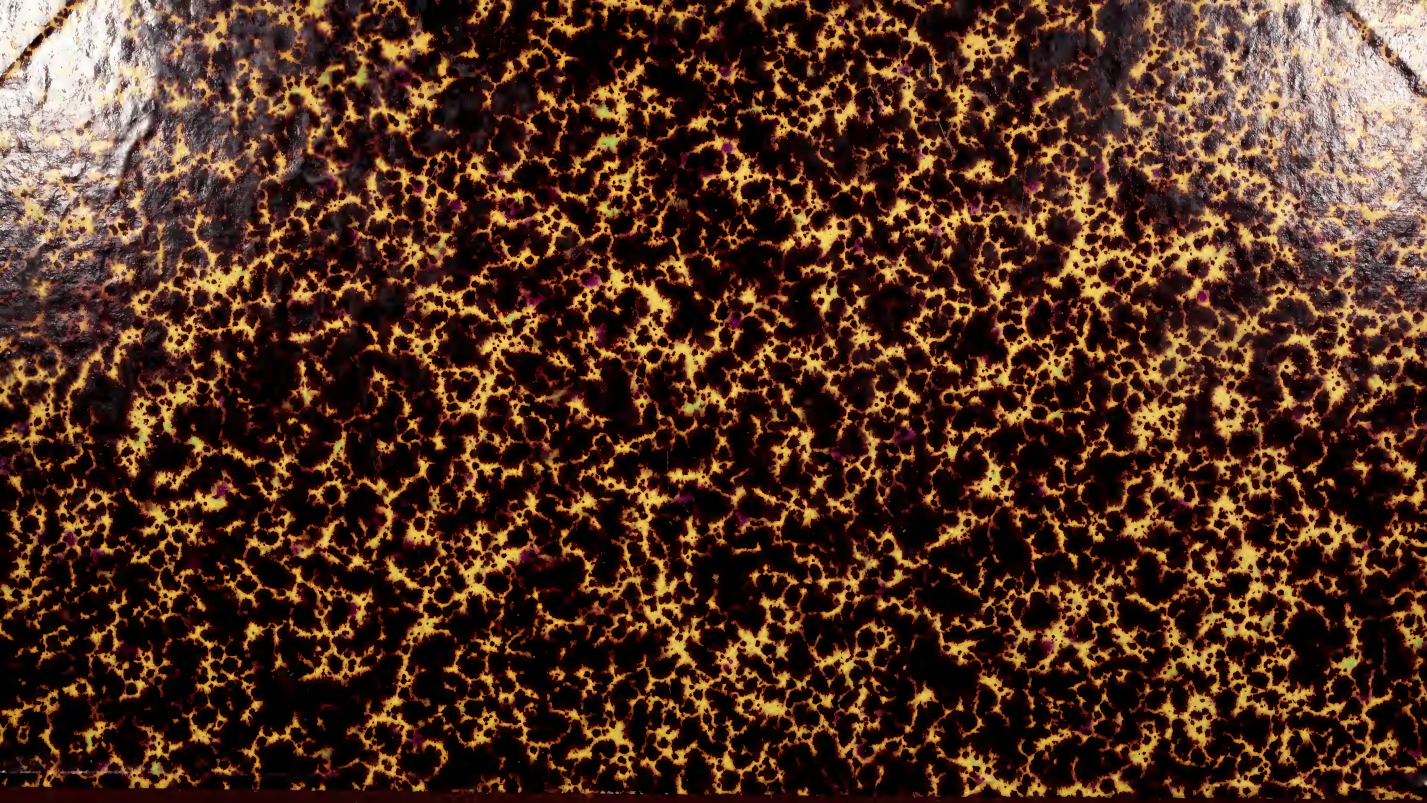

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THE NATIONAL

ECLECTIC MEDICAL ASSOCIATION

QUARTERLY

EDITED BY

WILLIAM NELSON MUNDY, M.D.

A JOURNAL OF ECLECTIC MEDICINE AND SURGERY.

Comprising the Proceedings, Papers and Discussions of the Association, and Published in the Interest of the Eclectic School of Medicine.

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AUTHORS

Adlerman, Theodore Davis, M.D., 25, 105, 203.
Andrus, Fred'k Moore, M.D., 199.
Baird, O. C., M.D., 123, 229.
Best, Wm. P., M.D., 101.
Bettencourt, M. F., M.D., 215.
Blankmeyer, H. H., M.D., 133.
Brown, Harry V., M.D., 224.
Chandler, C. M., M.D., 244.
Daniels, W. E., M.D., 334.
Davidson, A. W., M.D., 259.
Dawson, B. E., M.D., 74, 223, 328.
Dewees, N. M., M.D., 261, 352.
Dickerman, Charles, M.D., 129.
Duran, V. E., M.D., 252.
Givens, A. J., M.D., 298.
Harbert, J. P., M.D., 251.
Harvey, G. W., M.D., 354.
Harvill, J. P., M.D., 251.
Hauck, J. H., M.D., 338.
Helbing, H. H., M.D., 47, 97, 219, 326.
Hemminger, C. J., M.D., 340.
Hollingsworth, T. D., M.D., 258.
Hubbard, B. Roswell, M.D., 155.
Hufnail, F. E., M.D., 348.
Katzoff, Simon L., M.D., 212.
Kittridge, Ida F., M.D., 242.
Lambert, Richard J., M.D., 63, 347, 293.
Lathrop, P. L., M.D., 125.
Lehr, W. F., M.D., 200.
Lloyd, Prof. John Uri, 34.
Lowrance, H. S., M.D., 152.
Matthews, John B., M.D., 345.
Mitchell, J. C., M.D., 51.
Moreland, S. W., M.D., 236, 355.
Mundy, Carll S., M.D., 138.
Neldon, C. M., M.D., 262.
Nellans, A. J., M.D., 342.
Palmitier, Adele, M.D., 341.
Peck, F. S., M.D., 120.
Perkins, George E., M.D., 223.
Porter, George C., M.D., 350.
Postle, W. E., M.D., 109.
Powell, John, M.D., 301.
Powers, H. W., M.D., 322.
Quinn, Janet D., 353.
Shafor, H. A., M.D., 69, 134, 323.
Shewman, E. B., M.D., 247.
Slayden, Thomas, M.D., 245.
Smith, H. C., M.D., 331.
Smith, J. D., M.D., 315.
Solomon, J. C., M.D, 144, 314.
Terpening, H. J., M.D., 234.
Thomas, R. L., M.D., 311.
Tommasello, Stanley, M.D., 238.
Tuchler, A. S., M.D., 231.
Williams, G. H., M.D., 316.
Wilmeth, F. L., M.D., 311.
Woodward, Charles, M.D., 319.
Van Nette, W., M.D., 336.
Wright, E. M., M.D., 235.

INDEX

Acute Infection, Therapy of, 134.
Acute Endocarditis in Children, 234.
Address of President, 25.
Adolescene and Menopause, Nervous and Mental Disturbances of, 348.
A Nevus—a Monster—or a Mother's Mark, 152.
Amendment, 378.
Amenorrhea, Therapeutics of, 322.
Anesthesia, Novocain, 247.
Antrum, Disease of the, 354.
Arthritis Deformans or Still's Disease, 232.
Asthma? What is, 314.
Belladonna, 261.
Birth Control, 363.
Burns, 293.
Caesarean Section, 219.
Cataract Operation, 301.
Certain Insanities as Found in Children, 105.
Chickenpox or Varicella, 353.
Children, Acute Endocarditis in, 234.
Children, Insanities in, 105.
Children, Tubercular Infections in, 133.
Chronic Appendicitis or Appendicoptosis —New Treatment with a Few Cases Reported for Clinical Consideration, 238.
Cocaine, 251.
Colloidal Chemistry as Applied to Pharmaceutical Problems, with Demonstrations, 34.
Consanguineous Marriages and Their Effect on the Offspring, 123.
Control of Typhoid Fever and Diphtheria, 138.
Congenital Syphilis, Eye Affections in, 144.
Daniels, W. E., M.D., 1.
Disease of the Antrum, 354.
Disastrous Reflexes from Obscure Pathology, 223.
Diseased Tonsils—My Way of Treating Them, 97.
Drug Addiction, 298.
Eclecticism in Medicine, 97.
Eclecticism, Past, Present and Future, 31.
Endometritis, 252.
Eruptive Diseases, Therapeutics of, 355.
Epilepsy, 203.
Eye Affections in Congenital Syphilis, 144.
Eye Diseases Due to Nasal Lesions, 262.
Fibroid Tumors of the Uterus, 231.
Functional Reproductive Disorders, Therapeutics of, 258.
Further Report on the Action of "Subculoyd Inula and Echinacea Compound" in the Treatment of Tuberculosis, 37.
Gastro-Jejunostomy for Gastroptosis, 97.
Gastroptosis—Gastro-Jejunostomy for, 97.
Homeopathic-Eclectic Conference, 377.
Hormone Therapy in Pediatrics, 331.
Human Statistics, 334.
Intestinal Obstruction, Etiology, Differential Diagnosis, Symptoms and Treatment, 155.
Kidney, Movable, 311.
Laryngeal Diphtheria—Subculoyd Lobelia, 244.
Lichen Pilaris, Report of a Case of, 223.
Medication, Intrauterine, 319.
Medical Association, National Eclectic, 2.
Medical Inspection of School Children, 69.
Medicine, Eclecticism in, 101.
Membership List, 162.
Movable Kidney, 311.
Nasal Lesions, Eye Diseases Due to, 262.
Nasal Catarrh, Therapy of, 352.
National, the, 360.
National Eclectic Medical Association, 2.
National Eclectic Medical Association, Program of the Forty-seventh Annual Meeting, 381.
Nervous and Mental Disturbances of Adolescence and the Menopause, 348.
Neuritis, 125.
Notes on Obstetrics, 147.
Novocain Anesthesia, 247.
Nux Vomica, 236.
Operation, Cataract, 301.
Orificial Surgery an Aid to General Surgery, 328.
Our Mistakes, 336.
Obscure Pathology, Disastrous Reflexes from, 223.
Odors, 315.
Ovarian Dermoid Cyst Complicating Pregnancy, 129.
Pediatrics, Hormone Therapy in, 331.
Pellagra, 316.
Piles Cured Without the Knife, 212.
President's Address, 25.
Prolapsus of the Uterus with Cystocele and Vesicocele, 326.
Report of a Case of Lichen Pilaris, 223.
Salicylic Acid and Guaiacol in the Treatment of Tuberculosis, 51.
Scarlet Fever, 242.
School Children, Medical Inspection of, 69.
Scientific Study of Over Twenty-five Hundred Hypodermic Injections of the Subculoyds. No Infection, 63.
Some Obstetrical Don'ts, 229.
Some Forms of Insanity Not Unusually Recognized, 120.
Specific Medication, 200.
Texas State Board Notes, 215.
The Care of Surgical Patients Before Operation, 341.

97209 MAY 24 1918

The Mental Defective, 109.
Therapy of Acute Infection, 134.
The Child and the Lower Orifices, 341.
The Child and the Upper Orifices, 350.
The Patient, 74.
Therapeutics of the Eruptive Diseases, 355.
Therapeutics of Functional Reproductive Disorders, 258.
Therapeutics of Amenorrhea, 322.
Therapy of Nasal Catarrh, 352.
Tonsillitis, 251.
Tubercular Infections in Children, 133.
Tuberculosis, Salicylic Acid and Guaiacol in the Treatment of, 51.
Tuberculosis, the Intravenous Treatment of, 47.
Tuberculosis, "Subculoyd Inula and Echinacea Compound in the Treatment of, 37.
Typhoid Fever, 342-345.
Typhoid Fever and Diphtheria, Control of 138.
Typhoid Fever, Immunizing for, 340.
Urinary Calculus or Stone, 199.
Uterus, Prolapsus of, 326.
Uterus, Fibroid Tumors of the, 231.
Varicella or Chickenpox, 353.
What is Asthma? 314.

WM. E. DANIELS, M.D.,

President-Elect of the National Eclectic Medical Association.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME VIII. CINCINNATI, SEPTEMBER, 1916. No. 1.

W. E. DANIELS, M.D., MADISON, SOUTH DAKOTA.

William Esli Daniels, the youngest son of Rev. Richard and Catherine Daniels, was born on a farm at Parkersburg, Iowa. He received the ordinary school training, and entered the high school at Cedar Falls, Iowa, in 1877, where he remained for two years, and, in 1879, entered Cornell College at Mt. Vernon, Iowa, where he remained until the winter term of 1883, completing the elective courses preparatory to entering the medical profession.

He began the study of medicine under Dr. A. O. Strout, of Parkersburg, Iowa, a regular physician, but, in 1883, entered the medical department of Drake University (Eclectic) and completed the course in the spring of 1885, but did not receive a diploma, for the law did not allow a diploma to be granted until the applicant had studied three years and attained the age of twenty-one. He was granted a certificate to practice in the State of Iowa, and located at Baxter, Jasper County, Iowa.

In September he entered Bennett Eclectic Medical College of Chicago, and graduated in the class of 1886 with honors.

In April, the same year, he located at Heron Lake, Minn., and remained there until September, 1887, when he removed to Madison, South Dakota (then the territory of Dakota), and has remained there since.

Dr. Daniels has been active in the profession and has been one of the staunch Eclectics of the northwest.

He organized the South Dakota State Eclectic Medical Society, and was its president several terms. When the medical law was passed Dr. Daniels appeared before the legislative committee, and succeeded in getting representation on the State examining board, and was appointed on that board some five years later. When the new State board of Health and Medical Examiners was created he was appointed on the new board, and has been reappointed for the third time.

The doctor is an active worker in the Methodist Episcopal Church, and was a lay delegate to the last General Conference, held at Saratoga Springs, May, 1916.

The doctor has traveled extensively, not only in America, but in Europe, Asia and Africa, having spent some time in Palestine and Egypt.

The doctor has the reputation of being a good thinker and a fluent speaker, and has many calls to deliver public addresses. He has served his city as mayor, and is considered one of the best organizers in South Dakota.

NATIONAL ECLECTIC MEDICAL ASSOCIATION, CEDAR POINT, OHIO, JUNE 20-23, 1917.

Minutes of the Forty-Sixth Annual Session.

The Association was called to order at 10:30 A.M., June 20, 1916, in the convention hall of The Breakers, by the president, Dr. T. D. Adlerman, the invocation being offered by Rev. R. C. Argyle Keller, of Sandusky, Ohio.

Rev. R. C. Argyle Keller: Almighty and Eternal God, we acknowledge that Thy presence is necessary for every condition of life, and we feel sure of Thy favor, as we are met here together, for the advancement of those things that are good, those things which have to do with the betterment of our fellowmen. Thou with whom are the mysteries of life, the Maker of all things, we thank Thee for Thy revelations, and grant, our Father, that these doctors gathered here may be wise in the relief of pain and suffering. Now, be with us, our Father, as we have come together in behalf of a cause in which the great Master and Teacher was interested when He was here on earth, going about doing good in the homes of the sick and afflicted and suffering. Be with these men as they discuss those things which are for the advancement and increase of their knowledge and efficiency in doing this Christ-like work. Grant that they may enjoy their social diversions, and grant that great good may come out of this assembly for the advancement of Thy Kingdom. We ask it all in the name of Jesus Christ our Lord, the Great Physician and Healer of the soul. Amen.

The President: I now take great pleasure in introducing to you the Hon. Robert A. Koegle, mayor of the city of Sandusky. (Applause.)

ADDRESS OF WELCOME.

Hon. Robert A. Koegle, Mayor of Sandusky, Ohio.

Ladies and Gentlemen, and Delegates to this Convention of the National Eclectic Medical Association:

On behalf of the citizens of Sandusky, the officials, and the management of Cedar Point, I greet you with a most hearty welcome. In fact, I did not know exactly the real condition I might meet this morn-

ing, but, inasmuch as I had a little experience in the drug line, I am very much interested in medicine, and, being well aware of the fact that you have a great deal of important business to transact and that your program is rather lengthly, I know you do not care for much of a speech. But, in behalf of our citizens, I hope this meeting will be most successful. Meetings of this kind generally bring good results.

Knowing that you have business to transact, on behalf of the citizens of Sandusky, I greet you and hope and wish that this meeting will be a success, and that you will return to our city again in the future. I thank you. (Applause.)

ADDRESS OF WELCOME.

H. W. Powers, M.D., Amherst, Ohio.

President of the Ohio State Eclectic Medical Society.

Mr. President, Ladies and Gentlemen:

It has always been with a feeling of envy that I have read in the account of any convention, that "Mr. So-and-So, in a few well-chosen remarks, introduced the speaker," or that "The presiding officer welcomed the visiting members in his inimitable way, and put everyone at his ease." I wish I had that ability, for I feel that meetings such as this deserve more than passing mention.

I see before me this morning physicians from many States of the Union, some whose fame has gone beyond the borders of their own State, and who may be said to enjoy a nation-wide reputation. These, with us, go to make up the National Association of Eclectic Physicians. We do not pretend that we represent all that is best in the practice of medicine, but we do feel that we may justly claim that our system is more nearly approaching that standard than any other. In every great political campaign, such as we have just passed through, the standard bearers are interested in putting into their platform a plank calling for preparedness. The great industrial world to-day is calling more and more for men of trained efficiency. The Eclectic materia medica, consisting largely, as it does, of vegetable products, has made a record for preparedness in the medical world; in other words, our Eclecticism has proved our right to wider recognition. We welcome the best from all fields, and they all combine to form a great system. So it is with our different societies—the auxiliary societies combine to form the State societies, and the membership of the different State societies go to make up the national body.

We, of the Ohio Eclectic Association, are proud to-day to have the honor to entertain the National body, and representing the State of Ohio, I welcome you as our guests. We trust that your stay among us may prove entertaining and profitable, and that this meeting

of our societies may cement our association closer and form a more effective unit. Again, I bid you welcome. (Applause.)

The President: As we have with us a stranger who is not very well known to many of you, I think now would be a good time to present him—Dr. R. L. Thomas, of Cincinnati. (Applause.)

RESPONSE TO ADDRESS OF WELCOME.

R. L. Thomas, M.D., Cincinnati, Ohio.

Mr. President, Honorable Mayor, and Members of the State and National Associations:

It certainly gives me great pleasure to meet with you for the first (?) time. In behalf of the Association, let me say that we are very glad to be welcomed by the President of our State Society. We are here, we hope, for the purpose of benefiting each one of us. I believe the doctors from all schools are really aiming at the same thing; in other words, to help make this world a better place in which to live. We are not here simply and primarily for the purpose of finding methods and ways of relieving suffering humanity, for I believe that it is the doctor's sphere to do more than simply help relieve ills. In other words, he is to be a leader in the community in which he lives—so that one purpose of our meeting here to-day is that we may make our communities better when we go back.

I thank you very much for this most hearty welcome, and for the welcome of our National body by the State. It is a little unusual to have a State and National meeting together, but I am glad we are all here, and I thank you for your hearty welcome.

Roll call of officers responded to by all save the Third Vice-President.

Roll call of States for formation of House of Delegates responded to as follows:

Arkansas—W. B. Dallanbaugh, M.D.
Connecticut—Stanley Tommasselo, M.D.
Florida—R. E. Howard, M.D.
Illinois—R. J. Lambert, M.D.
Indiana—Morse Harrod, M.D.
Iowa—W. W. Maple, M.D.
Kansas—O. C. Baird, M.D.
Kentucky—J. C. Mitchell, M.D.
Michigan—H. A. Shafor, M.D.
Missouri—A. F. Stephens, M.D.
Nebraska—F. M. Andrus, M.D.
New York—T. D. Adlerman, M.D.
Ohio—J. F. Wuist, M.D.
Oklahoma—E. G. Sharp, M.D.
Pennsylvania—E. J. Dech, M.D.
South Dakota—W. E. Daniels, M.D.
Tennessee—J. P. Harvill, M.D.
West Virginia—Thos. Slayden, M.D.
Eclectic Med. College—J. K. Scudder, M.D.
Kansas City E. M. College—Benj. E. Dawson, M.D.
Medical Dept. Cotner University.—F. L. Wilmeth, M.D.

Eighteen States and three colleges represented.

Dr. Wm. P. Best (Recording Secretary): I move that the proceedings as published in the Quarterly during the year be adopted and approved as published. (Motion seconded and carried.)

RECORDING SECRETARY'S REPORT.

To the Officers and Members of the National Eclectic Medical Association:

The evolution of our Association during the past ten years has carried with it an ever-increasing amount of work, and the year just closed has been no exception.

The importance of the Association, its life and perpetuation are so linked with the membership, our institutions and the future of our cause, that it would be impossible to overestimate it.

To meet the varying conditions, to protect our members and the people, to advance the interests of medical freedom and attainment, and to foster the welfare of our colleges, are some of the prominent reasons for more work, more devotion to our cause, and the continuance of our efforts.

I am submitting herewith a detailed financial statement of the collections for the year and a table of the standing of our membership for comparative study.

Up to this time quite a number of our State Society reports are not at hand, and, while our year has closed, our reports are not complete. Some of the State societies have not held their annual meetings, and, some which have, have failed to report. Failure to report works a hardship to members who have paid their dues, as any member "shall not be entitled to exercise the right of membership until his or her arrears for dues shall be paid."—Article ii, Section 3—by-laws, and, to quote further from Article ii, Section 4 of the by-laws: "Any member whose dues have not been remitted by the secretary of his State society, shall stand suspended without any further action of this Association." Suspension not only forfeits the "right of membership," but also denies the privilege of the National Eclectic Medical Association QUARTERLY as well. Rules of the postoffice department do not allow the mails to be used to send the publication to those whose subscription is not paid, and $1.00 of each member's dues is a subscription to the QUARTERLY. We would, therefore, recommend and urge that State societies report promptly—within one week—after their annual meetings, and further, that any delinquent dues collected *"ad interim"* be promptly forwarded to the National Secretary.

While considering the question of dues—and it is a most important one—we desire to call attention to a recommendation made by our President, last year, and which has not been fully understood, and some lack of co-operation has resulted. This was to the effect that after a certain time the National officers should collect dues when State secretaries failed to do so. Since the State societies are as vitally interested in the collection of dues as is the National Association—at least should be—we, out of past experience, would recommend that the National Association, through its executive committee, be empowered to

enter into an agreement with the officers of the State societies, whereby the State officers and the National officers shall co-operate in their efforts to reinstate delinquent members. If, however, any State society shall refuse to co-operate and the interests of our organizations shall be allowed to suffer from inaction, inefficiency or neglect, then the National Association shall proceed to collect the dues.

Our colleges—like all of the colleges of all schools of medicine—have been much reduced in numbers, and the demands made upon them by State laws, boards of health and registration, as well as by the advancement of the educational standards, must meet large items of unusual expense. This expenditure has been heaviest in the equipment of laboratories and paid instructors. In order to aid our teaching institutions, so they may all maintain the high standards now necessary, we feel that the Council of Medical Education should have placed in its hands funds for this purpose. We, therefore, recommend that each member of the National Association contribute annually, at least, one dollar for this purpose, and that any money which shall be thus collected shall be used according to the wisdom of the Council of Medical Education for equipment, new books for medical college libraries, or any legitimate laboratory requirements. Such money shall be apportioned among our colleges pro rata, according to the number of students in actual attendance each college year, provided such colleges shall make accurate report to the Council of Medical Education of the specific purpose for which moneys so received shall be expended. Any college receiving such aid shall be a college operated "not for profit," and there shall be at least three of the trustees of said college members, in good standing, of this Association.

Characterizing the general work of the officers of the Association was the work done in the State of Michigan, this year. To the Eclectics of this State was written a series of nine letters, one each month, while the Michigan National Organizer and State Secretary loyally did as much. In two States, societies were about to be abandoned; but, we are glad to report, that appeals to active and loyal members brought about good meetings and a reorganization which bids well for the future.

With proper management and a good leader we feel that the Florida Eclectics will reorganize with a stronger society, numerically, than ever before. We recommend that the National give all possible encouragement to the efforts being made there.

No endeavor has been made to visit State societies, though calls came from Kansas, Illinois, Florida and Georgia, and they have been urgent. Michigan, much in need of aid in a movement for reorganization, was made a point of visit by the executive officers, en route to the National meeting. We would earnestly recommend more visiting to the State meetings, when possible, especially by men who can do so

conveniently, and thus offer encouragement to the State society. The National officers would gladly do this if the means were at hand and the finances justified the expense, though, in many instances, distance offers a considerable barrier to this kind of work. In States from which we have reports the enthusiasm and good work done and the interest manifested have characterized them.

We again call attention to the need of publicity. Our individual members seem too busy, or know too little of the importance of this means of keeping our cause before the people, to ask for the published matter for this purpose. We feel that this will never be done systematically and effectively until the National Association takes it in hand, and we, therefore, recommend that a systematic effort be made to get our members to send lists of names and addresses to the National officers, who shall then forward to all such any matter on publicity which they may have, or deem useful. This will involve some additional work and expense, but we attain nothing worth having without labor, sacrifice and expense. The public is no longer satisfied with theories, but facts are demanded; relief, not experimentation; cures and not the exploitation of some new and undetermined remedy, in which the physician himself has little confidence, and of which he knows less. As adherents of a system whose practice and success does not require constant apologies, but whose success speaks for itself, we must not modestly "hide our light under a bushel," and permit the profession to be continually misrepresented by that large class which does not believe in itself, their drugs, or profession, but have carried the public away with their theories of preventive medicine and openly announce their inability to cure. The time was never more propitious for our physicians to show to the world what we can do, for all the uncertainty, cult, quacks and drugless healers have had their primary inception in the uncertainties which have been the outgrowth of the dominant system of medicine.

The student world should know that our colleges teach a system of medicine which stands in bold contrast to that of the old school. The people will demand more Eclectics; in fact, they demand more now than it is possible to furnish, if they are led to recognize the facts. If the truth were but known by the people at large, new Eclectic colleges of medicine would become a necessity, and the necessity would be amply met once the students for the colleges were assured.

The desperate straits into which the dominant system is driven and to which they will resort was evident at the last meeting of the Annual Congress on Medical Education, Public Health and Medical Licensure, which was a meeting of the Council on Medical Education and the Council on Health and Public Instruction of the American Medical Association and the Federation of State Medical Boards of the United States. Being unable to obtain the desired recognition at the hands

of Congress, they have organized a so-called National Board of Medical Examiners, and put the same into operation, supported by the Carnegie Foundation. This board has absolutely no legal status, and is the creature of the American Medical Association; of it the late Dr. Wm. L. Rodman, who was then the president of the American Medical Association, said, "We can not have a compulsory National Board since the police powers are with the States, but a voluntary board is certainly feasible and can have general acceptance. *It only requires reasonable concessions from existing agencies."** In other words, it is illegal, but they propose to circumvent the laws of your State and mine by asking "reasonable concessions;" that is, that the State boards of medical licensure shall be asked to accept their findings, and, if not allowed to so do by existing State laws, to seek legislation in way of amendments to existing laws, so as to make this permissible. This national menace, this high-handed Russian method of assumption of authority and domination, shows an utter disregard for the entire government by the leaders of the American Medical Association. These efforts meet a close second at the hands of the National Association of Retail Druggists, which has a number of men nominated for legislators through whom they purpose to pass laws restricting the physician from dispensing. These things can but have one meaning. We are again compelled to earnestly urge and recommend careful consideration of the development of our societies and of the National Association. The more important these organizations become the more important and the more necessary is it that the work be well done. Respectfully,

WM. P. BEST, M.D., *Secretary.*

Referred to the House of Delegates.

REPORT OF CORRESPONDING SECRETARY.

To the National Eclectic Medical Association:

In presenting to you my eighth annual report, which must of necessity be largely financial, I have a few suggestions to offer. They may be old, but they will bear repetition. We desire you all to remember the QUARTERLY is the property of the National Association. I am simply your employe, hence, it should be the exponent of Eclecticism. To make it what it should be, the editor desires that State and local secretaries report to him their proceedings; to report the results of the elections that the calendar may be complete and correct; to report the appointment or election of any of our members to official positions; to report the doings of your legislatures in matters medical or pertaining to our interests; to promptly report removals; in fact, to report everything that interests physicians, and thereby assist to make your journal readable and agreeable; and last, but not least, answer his letters, especially so when a direct question is asked, which

* Italics ours.

would assist him in his labors and possibly, or rather which would probably, furnish an item of news for the QUARTERLY.

FINANCIAL ACCOUNT, 1915-1916.

1915			
July 28.	Subscription	$ 1.00	
Sept. 2.	Dr. von Unruh, reprints	6.40	
Sept. 7.	Dr. von Unruh, QUARTERLIES	1.00	
Sept. 11.	Dr. Sharp, subscriptions	275.00	
Sept. 15.	Net advertising	103.75	
Nov. 19.	Dr. Sharp, subscriptions	275.00	
Nov. 24.	Advertising, net	106.44	
Nov. 27.	Amos Givens, QUARTERLIES	2.00	
Dec. 1.	Dr. Adlerman, reprints	1.50	
Dec. 7.	Dr. Barbrick, reprints	4.50	
Dec. 10.	Boericke and Runyon, QUARTERLIES	1.00	
1916			
Feb. 29.	Advertising, net	107.53	
Mar. 6.	QUARTERLIES and Collins' article	1.50	
Mar. 16.	Dr. Sharp, subscriptions	275.00	
May 12.	Collins' article	.50	
May 20.	Dr. Sharp, subscriptions	275.00	
May 30.	Advertising, net	102.79	
May 31.	McIntosh Co., advertising	12.00	
	Total		$1,551.91

EXPENDITURES, 1915-1916.

1915			
Sept. 11.	Lancet-Clinic	$242.77	
Sept. 15.	Editor's salary	75.00	
Nov. 23.	Lancet-Clinic	232.51	
Nov. 24.	Editor's salary	75.00	
Dec. 1.	Stenographer, January, 1915, to January, 1916.	100.00	
1916			
Feb. 22.	Postage per bill	3.27	
Mar. 2.	Lancet-Clinic	252.75	
Mar. 16.	Editor's salary	75.00	
May 1.	Emerson Price, Lima, supplies	3.49	
May 30.	Lancet-Clinic	252.39	
May 31.	Editor's salary	75.00	
May 31.	Postage and express	13.11	
	Total		$1,400.29
	Balance Paid Treasurer		$ 151.62

RECAPITULATION FOR JOURNAL ACCOUNT.

Receipts—		
Total subscriptions from Treasurer Sharp	$1,100.00	
Gross amount from advertisers	524.02	
Subscriptions	18.05	
Reprints	12.40	
Total		$1,654.47
Expenditures—		
Printing QUARTERLY	$ 960.92	
Editor's salary	300.00	
Stenographer	100.00	
Postage, mailing, wrappers, etc	92.65	
Reprints, envelopes, etc	49.28	
Total		$1,502.85
Balance Returned to Treasurer		$ 151.62

The actual gross cost of this volume for printing, mailing, salaries, etc., is $1,453.57, nearly $0.91. It contains 415 pages of reading matter and is the largest volume published. The advertising has increased above last year $82.29.

Volume 4 contained 400 pages at a gross cost of $1,413.70.
Volume 5 contained 386 pages at a gross cost of $1,362.64.
Volume 6 contained 380 pages at a gross cost of $1,333.55.
Volume 7 contained 415 pages at a gross cost of $1,453.57.

Respectfully submitted,

W. N. MUNDY, M.D., *Editor.*

Referred to the House of Delegates.

REPORT OF TREASURER.

RECEIPTS.

1915			
June 1.	By balance on hand	$1,784.07	
June 20.	By rebate on QUARTERLY	91.82	
June 20.	By interest on 1915 balance	20.00	
1916			
June 1.	By yearly dues collected	2,189.00	
	Total		$4,084.89

DISBURSEMENTS.

1915		
June 19.	To Warrant No. 271, E. E. Dillon, reporting proceedings	$ 100.00
June 19.	To Warrant No. 272, W. N. Mundy, expenses	160.90
June 19.	To Warrant No. 273, W. P. Best, stenographer and National expenses	502.29
June 19.	To Warrant No. 274, E. G. Sharp, current and National expenses	101.50
June 19.	To Warrant No. 275, W. N. Mundy, National organization	200.00
Aug. 4.	To Warrant No. 276, W. P. Best, stationery, postage and printing	306.19
Aug. 25.	To Warrant No. 277, W. P. Best	41.43
Aug. 25.	To Warrant No. 278, G. W. Thompson, order of ass'n, expense of Chicago meeting.	60.95
Sept. 2.	To Warrant No. 279, Bronson Abstract Co., treasurer's bond	10.50
Sept. 9.	To Warrant No. 280, W. N. Mundy, September QUARTERLY	275.00
Sept. 30.	To Warrant No. 281, E. G. Sharp, Card index case and cash	10.60
Sept. 30.	To Warrant No. 282, W. P. Best, current expense	11.56
Nov. 15.	To Warrant No. 283, W. N. Mundy, December QUARTERLY	275.00
1916		
Feb. 7.	To Warrant No. 284, W. P. Best, stationery, supplies and postage	54.32
Mar. 14.	To Warrant No. 285, W. N. Mundy, March QUARTERLY	275.00
May 5.	To Warrant No. 286, W. P. Best, stationery and supplies	31.11
May 16.	To Warrant No. 287, W. N. Mundy, June QUARTERLY	275.00
May 27.	To Warrant No. 288, W. P. Best, stationery, postage and supplies	42.75
		$2,734.10
June 1.	By balance cash on hand	1,350.79
	Total	$4,084.89

Respectfully submitted,

E. G. SHARP, *Treasurer.*

Referred to the Auditing Committee.

REPORT OF COMMITTEE ON ORGANIZATION.

To the National Eclectic Medical Association:

The past year has been a busy one and we have endeavored, by every means within our power, to appeal to Eclectic physicians to join their respective State societies, to identify themselves with the school of their selection. We feel our efforts would have been productive of better results could we have awakened the State secretaries to a full realization of their duties and of the necessity for strong State organizations. This seems to me to be a hopeless task, for, with the exception of two or three, they seem to think their work is finished when they have forwarded the customary circular announcing the State meeting and possibly a program. New members are not thought of and practically no efforts are made to recruit the depletion caused by death and dropped members for the non-payment of dues. I have always felt that it is essential and there should be a close co-operation in the efforts of both secretary and treasurer toward the stopping of this latter leak. It appears to me unnecessary to reiterate the fact that we need strong, virile societies in every State in the Union. I am aware that in some of our northeastern and southern States our men are too few and scattered to accomplish much toward this end; yet they should be represented in the National organization, and that body should endeavor to protect their interests. I have but little sympathy with the man who joins an organization to advance his personal aims and who forsakes it as soon as he has attained his object, fails in his efforts, or who sulks because all the members can not see things as he does. If your society is not what it ought to be, go to it and endeavor to better it. You can never make it better by staying away and ninety-nine times out of a hundred the kicker is one who has never made any effort to advance the ideals and efforts of the willing workers. If it does not meet your ideals, it is your own fault. Cease being a kicker, but be a worker. We have, unfortunately, too many of the former and not enough of the latter. It is much easier to destroy than it is to construct. It is an easy matter to criticize. In fact, anyone can do so, but rather than do so why not attempt to do something yourself? You will soon learn if you will work that there are obstacles to overcome you never dreamed of, and you will find enjoyment in overcoming them and in the relationships and friendships formed in the work.

Medical and social legislation of every imaginable description is being enacted in the several States, as well as by the general government. Much of it affects the physician's welfare and he can not influence it in any manner whatever, unless he has behind him a strong organization, strong enough to make its influence felt. I am aware that it is said to be for the good of the people, and the State should have regard for the welfare of those who compose or make it; yet, I am frank

to confess, that I have but little sympathy with much of it, and believe that much of it emanates from the fertile brain of enthusiastic theorists or dreamers, whilst another large portion of it is actually mercenary, or, as the newspapers term the "Rivers and Harbor" legislation, of the "Pork Barrel" type. Take, for instance, the tubercular legislation. The National Association for the Study and Prevention of Tuberculosis reports that during 1915 more than $22,500,000 was spent in the anti-tuberculosis campaign. Have the people received benefits commensurate with this large expenditure? I think not. In Ohio the death rate in 1915 was 131 compared with 130 in 1914. I have read somewhere that the death rate last year was decreased one-tenth of one per cent. In ten years it had dropped about 25 per cent. The legislation is not practical; in other words, "poverty and tuberculosis" are handmaidens, and legislation should be directed toward relieving the poverty and providing better housing conditions in our large cities. In other words, make it practical, not theoretical. The drift of legislation is strongly tending toward paternalism, and the time is not far distant until our government will be as strongly paternalistic in character as in Germany to-day, and we will have State medicine. Do you want it? The workmen's compensation law is one step; industrial insurance by the State is another; compulsory inspection of school children, with compulsory vaccination and immunization another; examination for tubercular infection in butchers, bakers, etc., another, and so on. It evidences the disposition of the State to take a paternal interest in its people. I do not wish to be understood as decrying any honest efforts put forth by the State to elevate the welfare of its citizens physically, morally, or socially; but if such legislation must come we ought to be so organized that we can protect our own interests; in fact, our very existence. Unfortunately, we have not, as a school, taken sufficient interest in public health problems or legislation. Our physicians are too well satisfied with themselves, and whilst successful as physicians, do not devote their time to legislation or politics, save only in their own bailiwick. Too busy making money to take any interest in the larger problems of life, or in the general welfare of the profession, or even of our own school.

The medical journals are at present teeming with public health talks and projects. Some of it is, no doubt, simply buncombe, or idle vaporings, such as the health talks in papers, with the questions and answers; newspaper talk on fee-splitting, etc., yet it creates some impression that the other fellow is doing something. Let us get busy.

In Connecticut and a few other States laws have been introduced to prohibit the physician dispensing his own medicines. Financially this would be a good thing for the physician, but how about the patient eight, ten or twelve miles from a drugstore, on a dark, stormy, wintry night, suffering from hepatic colic, or some other equally painful affec-

tion? Such laws are absolutely iniquitous and are, no doubt, class legislation. How can we meet them? Only by a good, well organized legislative committee, and every State society ought to have one that will constantly watch the legislature whilst in session. Dean Hinsdale says, "They should be watched even after adjournment." Idaho has a law that limits the amount of narcotic drugs a physician may administer to a patient in twenty-four hours. Who ought to be the judge? The physician who has been trained in accordance with the requirements of the State, or the two-by-twice legislators?

One does not wish to be considered as a faultfinder, yet this agitation and legislation against fee-splitting seems ridiculous and twaddle. The idea of the profession asking for legislation to make its members reputable and honest is almost unbelievable. One dislikes to think that a profession whose educational requirements—both preliminary and professional—are, by legal enactments, the highest of any, is composed of men so dishonest and disreputable that legal restraint must be thrown about them to make them men. It is a shame that an honored, educated profession should ask, desire, or need, such legislation. In fact, it is absolutely disgusting, yet an organized profession is asking for it. Stop this everlasting seeking for legislation to control our actions and harass the profession. Organize to fight. We need no further protection, save only from ourselves and to protect us from our own undoing.

As an organization we ought to pay more attention to our colleges. We would be glad to see our colleges placed upon such a solid basis that they would be above reproach in every particular. We are aware that we cannot receive a fair, impartial rating from the Council of Education of the American Medical Association, the Carnegie Foundation, or even from the United States Commissioner of Education. Their reports are only open to privileged persons and for a specific purpose. The two first named are not open either to persuasion or reason. The first represents the majority and is its tool working for a definite object—the ultimate extermination of all minority schools. When this is accomplished it will be a sad day for the profession of medicine. The second represents the power of money utilized for a specific object—the Germanization of our educational institutions and the extinction of Christian influence in these institutions. The third is presumed to serve the people of the United States and give the true condition of all educational institutions, not one sect or branch. He is presumed to be a servant of the people, and we are a component part thereof, and have a right as such to be heard, as has any minority. We should assert that right, and, if necessary, carry our grievances to the court of last resort; there we will get at least some show of justice, or be heard. Let us be aggressive and let us give our active support to our schools. Our school, though a minority school, has not, by any means, outlived its

usefulness. We are just coming into our own, and, if we will only hold steady, we will soon see that we have accomplished much and have much more to accomplish. We have seen many fads come and go in the self-styled scientific medicine, and, from present indications, we are soon to see another pass into oblivion. You who think that all that is worth while and scientific is in the dominant school of medicine ought to read "Vaccine Treatment," by Hektoen, in the Journal of the American Medical Association of May 20. Let me quote from an editorial in the same issue. It is only one of many similar ones which have appeared time to time, and is an indication of which way the "wind is blowing;" or, in other words, the trend of thought. To quote: "The simple fact is that we have no reliable evidence to show that vaccines, as commonly used, have the uniformly prompt and specific curative effects proclaimed by optimistic enthusiasts, and especially certain vaccine makers, who manifestly have not been safe guides to the principles of successful and rational therapeutics." There is much more that is interesting in the article; in fact, it is all good; but I wish to quote the last clause of the editorial. "The fact that much time and effort of the past ten years appear now to have been wasted, so far as positive results go, should make us doubly cautious in accepting a new and somewhat similar procedure until opportunity has been afforded for its verification under conditions favorable for scientific control." This quotation refers to the intravenous treatment of typhoid fever, subacute and chronic infectious diseases by bacterial and other protean.

So they are still floundering in the slough of therapeutic despondency. Yet this is the scientific medicine which would compel, by legislative enactment and a slow process of grinding out, all men who do not adhere to or who dare to differ from them in therapeutics. Science is presumed to be exact, certain; surely their therapeutic ideals have proven false.

In a fairly extensive acquaintance among physicians of all schools we have learned that specific medication is practically used by all. In consultations our old school friends can talk as glibly of the indications for galenical preparations as we do. Then why talk of our usefulness being at an end? Of amalgamation? Our work is not finished by any means. It is as essential to the advance of medicine that there be a healthy minority as it is to our political welfare to have two parties. There is and can be no advancement when all men think alike.

We need efficient organization. State secretaries who will devote a small portion of their time to organization. Wide-awake men who will take some interest in medical and social legislation, and men on our State registration and examining boards who are Eclectics in principle as well as in name. Representatives of our State societies should go before the governors of the several States and request the removal of every member appointed as the Eclectic representative who is not a

member in good standing of his State and National organization. It is a farce to have such a representation from one who does not take sufficient interest to affiliate with those he pretends to represent. Have them removed and a loyal man appointed. This is the value of organization; this is the duty of organization. Organize for a purpose, and then see that the duty is performed.

The committee would like to be in regular communication with State secretaries and kept informed of the various health and medical measures brought before the several legislatures for action, so that concerted action may be taken. It is impossible to work in harmony unless advised as to the action desired. Let us work more earnestly for concerted, specific work. Let us endeavor to enroll every reputable Eclectic in our societies, and then work harmoniously for the advancement of our school in every way.

Referred to the House of Delegates.

Moved by Dr. Best that the President's Address be made a special order of business for two o'clock. Seconded and carried.

Dr. Best then offered the following resolution in reference to collection and remittance of dues by State secretaries.

Resolution amending Article 2, Section 1 of by-laws of National Eclectic Medical Association: After the word "Association" fourth line of Article 2, Section 1, above referred to, insert the following: "Within one week after the annual meeting of said State society, and all collections of delinquent dues made by said State society in the interim between annual meetings shall be forwarded to the secretary of this Association within one week after such collections shall have been made."

Respectfully submitted,

WM. P. BEST, M.D.

Referred to House of Delegates.

Adjournment until two o'clock.

TUESDAY AFTERNOON SESSION.

The convention was called to order at two o'clock by the president, the first order being the President's Address.

Address printed elsewhere.

The address was referred to the House of Delegates.

Following this the section work was taken up.

SECTION ON PRACTICE.

W. B. Mercer, M.D., Tiffin, Ohio, presiding.

J. C. Mitchell, M.D., Louisville, Ky., secretary.

Address: "Past, Present and Future of Eclecticism," R. L. Thomas, M.D., Cincinnati, Ohio.

SYMPOSIUM ON INTRAVENOUS TREATMENT.

"Further Report on the Action of Subculoyd Inula and Echinacea Compound in the Treatment of Tuberculosis," V. von Unruh, M.D., New York City.

"Salicylic Acid and Guaiacol in Tuberculosis," J. C. Mitchell, M.D., Louisville, Ky.

"Tuberculosis and Intravenous Treatment," H. H. Helbing, M.D., St. Louis, Mo.

Following the reading of these three papers, a discussion followed, which was participated in by Prof. J. U. Lloyd and Drs. Best, Ream, Lambert, Smith, Vitou, Shewman and Sharp.

Adjourned until nine o'clock Wednesday morning.

Wednesday Morning Session.

Convention called to order at 9:30 by the president.

President.—We will now take up that part of the section on practice which was not given yesterday.

section on practice.

"Observation on Temperament in the Administration of Drugs," W. E. Daniels, M.D., Madison, S. D.

business session.

President.—We will now have reports from the House of Delegates.

Report of Committee on Report of Recording Secretary.

Your committee to whom was referred the report of the recording secretary have carefully examined the same and submit the following:

So much of the report as pertains to the Postoffice Department, we feel that the secretary is in error. The postal laws prescribe that after one year subscriptions must be paid, but according to later rulings publications can be continued to be mailed for one year if not paid for.

The recommendation regarding State secretaries forwarding dues within one week after the State societies have met has been referred to a special committee, but we recommend that this be modified or changed as it seems to us that it would be impracticable to enforce such a recommendation.

We recommend that the constitution and by-laws be adhered to by both National and State secretaries regarding the collection of dues and that the National officers work with and through the State secretaries and officers.

The recommendation regarding our medical colleges and educational institutions has been referred to a special committee.

We heartily concur in the recommendation that State boards refuse to recognize the so-called National Board of Medical Examiners.

W. E. Daniels, M.D.,
Morse Harrod, M.D.,
Committee.

Moved and carried that the report be adopted.

REPORT OF THE COMMITTEE ON THE AMENDMENT TO THE CONSTITUTION SUGGESTED BY SECRETARY BEST.

We, your committee to whom was referred the resolution amending Article 2, Section 1, of the Constitution and By-Laws of the National Eclectic Medical Association, submit the following:

That the amendment be amended to read, "within thirty days after the annual meeting of said State society."

And we further recommend that its adoption be accepted by unanimous consent, so that it may go into effect at once instead of laying over one year.

E. G. SHARP, M.D.,
F. M. ANDRUS, M.D.,
Committee.

Moved by Dr. W. S. Glenn that the report be adopted; seconded and carried.

There being some disagreement as to whether this motion had been carried, it was moved by Dr. E. G. Sharp that the discussion be reopened; seconded and carried.

After considerable discussion, it was moved by Dr. W. E. Daniels, seconded by Dr. O. C. Baird, that this matter be referred back to the committee to report again Thursday morning; carried.

REPORT OF THE COMMITTEE ON THE REPORT OF THE CHAIRMAN OF THE ORGANIZATION COMMITTEE.

We, the committee to whom was referred the report of the chairman of the Committee on Organization, have carefully considered the same and recommend that it be called to the attention of all the members of the National Eclectic Medical Association, and that it be printed in full in the National QUARTERLY.

W. W. MAPLE, M.D.,
T. D. ADLERMANN, M.D.,
Committee.

REPORT OF COMMITTEE ON CONFERENCE WITH HOMEOPATHS.

DR. J. K. SCUDDER: This report has been printed in the QUARTERLY. The only recommendation is that a committee of from three to ten men should be appointed, and, in so far as possible, these should be men who will take the time and pay the expense to go to Chicago to attend the meeting.

Moved by Dr. W. N. Mundy that the report be adopted with this recommendation; seconded and carried.

At this time Dr. Wm. P. Best read a leter from Dr. Finley P. Ellingwood.

Moved and carried that this Association send Dr. Ellingwood a telegram of condolence.

Dr. J. C. Mitchell presented a bill from Dr. Evans, a State organizer—an itemized bill for $13.00—which was referred to the House of Delegates.

SECTION ON PRACTICE.

B. W. Mercer, M.D., presiding.

"The Patient, B. E. Dawson, M.D., Kansas City.

"Erysipelas," Wesley Van Nette, M.D., Clyde, Ohio. Discussion by Drs. Lambert, Martin, Welty, Sutter, Burnett and Wilmeth.

"Burns," R. J. Lambert, M.D., Chicago, Illinois.

WEDNESDAY AFTERNOON SESSION.

The Association was called to order at 2:15 by the president, and, after announcements in regard to the meeting of the House of Delegates, the boat ride scheduled for Thursday afternoon, etc., the Section on Surgery was opened by an address by Prof. John Uri Lloyd on "Colloidal Chemistry as Applied to Therapeutical Problems." (This address is printed elsewhere in this number.)

DR. E. B. SHEWMAN, chairman: I believe it is only fitting at this time to give Prof. Lloyd a rising vote of thanks for this address, and in appreciation of the work that he has done. Vote taken.

SECTION ON SURGERY.

"Orificial Surgery as Related to General Surgery," B. E. Dawson, M.D., Kansas City, Mo. Discussion by Drs. Wilmeth, Andrus and Baird.

"Gastro-Enterostomy," H. H. Helbing, M.D., St. Louis, Mo. Discussion by Drs. Russell and Shewman.

"Movable Kidney," F. L. Wilmeth, M.D., Lincoln, Neb. Discussion by Dr. Shewman.

"Surgery in the Home," E. G. Sharp, M.D., Guthrie, Okla.

"The Evolution of Surgery in the Last Fifty Years," L. E. Russell, M.D., Cincinnati, Ohio.

"Pituitrin in Surgery," E. B. Shewman, M.D., Cincinnati, Ohio. Discussion by Drs. Wilmeth, Andrus and C. W. Russell.

"Chronic Appendicitis—My New Operation—Appendicoptosis," Stanley Tommaselli, M.D., Greenwich, Conn. Discussion by Drs. L. E. Russell, E. G. Sharp, B. E. Dawson, E. B. Shewman, W. E. Daniels, and F. M. Andrus.

SECTION ON MATERIA MEDICA.

Nannie M. Glenn, M.D., chairman.

O. C. Baird, M.D., secretary.

"Pilocarpus," B. E. Dawson, M.D., Kansas City, Mo.

"Therapeutics of Otitis Media," W. N. Mundy, M.D., Forest, Ohio.

"Hypodermic Medication," Richard J. Lambert, M.D., Chicago, Ill. Discussion by Prof. Lloyd and Drs. Dawson and Vitou.

"Novocaine Anesthesia," E. B. Shewman, M.D., Cincinnati, Ohio. Discussion by Drs. Helbing, Baird, Rowe and Andrus.

REPORT OF THE AUDITING COMMITTEE.

We, the Auditing Committee, have examined the books of Treasurer Sharp and Recording Secretary Best and find the

Yearly receipts to be.....$4,084.89
Yearly disbursements to be..... 2,734.10

Balance on hand.....$1,350.79

J. C. MITCHELL, M.D.,
B. K. JONES, M.D.,
E. J. DECH, M.D.,
Committee.

We, the Auditing Committee, have examined the account of the editor of the QUARTERLY and find the receipts during the year to be $1,551.91; disbursements, $1,400.99; balance which will be handed to the treasurer, $151.62.

J. C. MITCHELL, M.D.,
B. K. JONES, M.D.,
E. J. DECH, M.D.,
Committee.

Moved and carried that the report be accepted.
Adjourned until Thursday at 9:00 A.M.

THURSDAY MORNING SESSION.

The Association was called to order at 9:15 by the president, the first order being reports from the House of Delegates.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

We heartily commend the president's address as being a comprehensive resume of the aims and aspirations of the National Eclectic Medical Association. It shows a careful consideration of the needs of the Association at the present time, and suggests that some method be devised whereby our medical colleges can be aided in a financial way.

We therefore recommend that a committee, to be known as the Council on Medical Education, consisting of three members of this Association, whose loyalty to the cause of Eclecticism and our colleges may not be questioned, be elected, whose duties shall be to secure voluntary contributions, gifts and endowments, which shall be distributed among the various medical colleges now existing, and others which, in in the future, may be established, the same to be determined by said committee after due inquiry and examination concerning their conditions and needs have been made.

We further recommend that said committee act in harmony and conform with the executive officers of this association in all matters pertaining to the collection of funds herein described.

A. F. Stephens, M.D.,
H. A. Shafor, M.D.,
Committee.

The bill of Dr. Evans was presented, and, on recommendation, was ordered paid.

The special committee on the Amendment to the Constitution reported as follows:

Dr. E. G. Sharp: After taking up this matter with those who disagreed yesterday, we have finally agreed to change the amendment to read "within ninety days after the annual meeting of said society," instead of within one week, so the article, when adopted shall read:

Article II—Fees and Dues.

Section 1.—State Eclectic medical societies that are members of this Association shall, after the first year, pay a fee of $2.00 as annual dues for each member in good standing in said society, which shall be forwarded to the secretary of this Association within ninety days after the annual meeting of said society.

We further recommend that the adoption of this amendment be by unanimous consent of this Association so that it will go into effect at once, instead of lying on the table for one year. I submit this, and move its adoption. The amendment was carried unanimously.

Dr. E. B. Dawson moved the adoption of the resolution offered last year by Dr. W. E. Daniels, as follows: "Resolved, that on and after the adoption of this resolution, that no person shall be a delegate or hold a proxy from any State, unless he is a *bona fide* resident of said State. Motion seconded and carried.

Dr. J. K. Scudder then presented the needs for an addressing machine and urged its purchase. The matter was referred to the House of Delegates.

SECTION ON PUBLIC HEALTH.

H. A. Shafor, M.D., presiding.

"Increase and Mortality of Preventable Disease, and a Hint as to Their Cause and Cure," W. E. Daniels, M.D., Madison, S. D. Discussion by Drs. R. E. Howard, J. C. Mitchell, T. D. Adlerman and H. E. Vitou.

"Medical Inspection of School Children," H. A. Shafor, M.D., Detroit, Mich. Discussion by Drs. J. D. Estell, J. P. Harbert, G. E. Howard, C. S. Mundy and F. M. Andrus.

"Control of Typhoid Fever and Diphtheria," Carll S. Mundy, M.D., Toledo, Ohio. Discussion by Drs. H. E. Vitou, H. W. Powers and F. L. Wilmeth.

TUESDAY AFTERNOON SESSION.

Following the boat ride the Association was called to order by the president at 4:30.

Dr. F. C. Smith, of Marion, Ohio, presented a resolution from the American Association of Osteopaths urging co-operation between the minor schools in medico-legal matters, which was referred to the House of Delegates.

SECTION ON OBSTETRICS.

Dr. J. H. Hauck, Terre Haute, Ind., chairman.

"Some Pointers in Obstetrics," B. W. Mercer, M.D., Tiffin, Ohio.

"Placenta Previa, My First and Only Case," B. E. Dawson, M.D., Kansas City, Mo.

"Pituitrin, Its Use and Abuse," Carll S. Mundy, M.D., Toledo, Ohio.

DR. H. E. VITOU: You all saw by the papers that we are in trouble with Mexico. Among the Eclectic physicians are a large number of good surgeons and physicians. I move that our secretary be instructed to write to Woodrow Wilson, President of the United States, and to the Secretary of War, offering the services of the physicians and surgeons, members of this society, in case we may be needed by our country.

Referred to the House of Delegates.

On account of an excursion to Put-in-Bay, the convention adjourned until four o'clock.

FRIDAY MORNING SESSION.

The Association was called to order by Vice-President Mercer.

SECTION VII.—GYNECOLOGY AND ORIFICIAL SURGERY.

B. W. Mercer, M.D., presiding.

"Cesarean Section," H. H. Helbing, M.D., St. Louis, Mo.

"Subtotal Hysterectomy," E. B. Shewman, M.D., Cincinnati, Ohio.

BUSINESS SESSION.

The following reports were made by the House of Delegates:

Dr. J. K. Scudder reported that the motion of Dr. Vitou, that a letter be sent to the President and Secretary of War, was reported on favorably. The recommendation was adopted and the letter forwarded.

The house recommended that the question of alliance with the National Osteopathic Association be referred to the Eclectic-Homeopathic Conference in Chicago, next February.

The recommendation was, on motion, adopted.

The house recommended that the Association purchase a Montague mailer, with 7,000 name tags, trays, etc., to cost $220.00. The recommendation was, on motion, adopted.

It recommended that an appropriation for the expense of the recording secretary of $200.00 and salary of $300.00; for the office expense of the chairman of the organization committee of $200.00, and salary of the

editor of $300.00, be adopted. On motion the recommendation was adopted.

The Auditing Committee recommended that the usual bills of expenses be paid and that the interest on monthly balances due from the treasurer was $35.00. On motion the report was adopted and the bills ordered paid.

The Finance Committee made the following recommendation:

We recommend that the following appropriation be made for the coming year: For the publication of the QUARTERLY, $1,100.00; for office expense of organization committee, $200.00; for office expense of recording secretary, $200.00; salary of the recording secretary, $300.00.

J. C. MITCHELL, M.D.,
B. K. JONES, M.D.,
E. J. DECH, M.D.,
Committee.

Recommendation approved.

The Committee on Credentials reported the following which, on motion, were accepted:

NEW MEMBERS.

ARKANSAS.

Curry, J. B., Austin.
Foster, G. T., LaGrange.
Harris, R. O., Auvergne.
Jones, D. E., Ouchita.
Parks, W. C., Formosa.
Shelton, J. H., Buena Vista.
Spann, C. E., Altenheim.

CALIFORNIA.

Quinn, Wm. B., Los Angeles.

COLORADO.

Ewing, G. F., Julesburg.
Kinyon, Elias, Brighton.
Means, F. M., Holyoke.

FLORIDA.

Bullard, Clifton P., Jasper.
Crump, Jas. E., Winter Haven.
Dyess, Chas. G., McClemmy.
Elmer, E. Eugene, Tampa.
Enzer, Olin O., Munson.
Gavlas, F. E., Lake Worth.
Howard, Richard E., Ft. Lauderdale.
Jindra, Vladimir K., Tampa.
Johnson, A. J., Muscogee.
Moodie, Bazil M., Ft. Ogden.
Spears, Gus. O., Baker.
Zander, Wm. F., Fort Meade.

GEORGIA.

Durham, Wm. P., Sasser.
Auten, W. J., Atlanta.
Brown, W. J., Rome.
Anderson, F. G., Atlanta.
Delay, J. Wm., Rome.
Griffith, Dan. H., Atlanta.
Pace, W. T., Smyrna.

ILLINOIS.

Barnes, F. E., Charleston, Ill.

INDIANA

Clifford, J. W., Worthington.
Crandel, Thomas, Warren.
Gregg, E. H., Muncie (reinstated).
Hamilton, Curtis, Newberry.
Holman, Jerome E., Indianapolis.
Hudson, Oliver L., Princeton.
Ross, John G., Portland (reinstated).
Vance, U. G., Fowlerton (reinstated).

IOWA.

Thompson, Chas. F., Morning Side, Sioux City.

KANSAS.

Cooley, John L., Bellaire.
Massey, R. E., Topeka.
Richmond, D. W., Hutchinson.
Youngberg, J. F., Ottawa.

MASSACHUSETTS.

Bowland, L. R., Somerville.
Byrne, W. R., Somerville.
Card, H. S., Boston.
Mack, F. A., no address.
Sandwall, C., Boston.
Scammon, E., Boston.
Simpson, W. H., Lawrence.
Sylvester, Ira E., Somerville.

MICHIGAN.

Bliss, Webster, Deerfield.
Eaton, O. A., Paw Paw.
Hawkey, John W., Bloomingdale.
Hulse, Warren L., Detroit.
Knepper, S. L., Conklin.
Marks, Warren L., Grand Rapids.
Robinson, Arthur L., Allegan.
Thomas, Hiram R., Flint.

MISSOURI.

Arnold, O. T., Cameron.
Conley, J. G., Kansas City.
Goad, W. H., Bernie.
Harper, B. L., Kansas City.
Immell, A. A., Kansas City.
Harris, Mae S., Kansas City.
Lazenby, B. F., Wentworth.
McElhinney, J. S., Unionville.
Miller, E. F., Liberal.

Rabin, J. H., Kansas City.
Zenor, E. H., St. Louis.
Dodson, J. F., Kirksville.

NEW JERSEY.

Liva, Arcangelo, Valley Brook.
Newman, Arthur, Paterson.
Russell, D. L., Jersey City.
Schwartz, W. A. J., Jersey City.

NEW YORK.

Carpenter, F. A., Waverly.
Fish, E. L., West Valley.
Hull, C. J., Carthage.
Lake, H. L., Fulton.
Muncy, W. A., Virgil.
Rood, Geo. L., Aetna.
Sissa, Hugo, New York City.
Smith, F. C., Auburn.
Wellman, W. D., Jamestown.
Whitford, E. P., Bridgewater.
Wright, F. N., Northville.

OHIO.

Aurand, Grover C., Weston.
DeCrow, R. W., Sciotoville.
Ekermeyer, M. S., New Bremen.
Fahl, Wm. A., Mt. Blanchard.
Hageman, Annie W., Cincinnati.
Kerns, Geo. E., West Liberty.
Powers, R. E., Lorain.
Schwartz, J., Cincinnati.
Siddall, J. D., Kalida.
Sponseller, F. M., Wellington.
Swartzwelder, A. L., Cleveland.
Tarrant, Jennie, Cincinnati.
Whitacre, Geo. D., Springfield.

OKLAHOMA.

Clark, J. L., Shawnee.

OREGON.

Coe, U. C., Bend.

PENNSYLVANIA.

Hunt, Jas. E., Salladsburg.
Dech, C. E., Bethlehem.

SOUTH DAKOTA.

Kinsley, W. I., Chester.

TENNESSEE.

Fuston, A. E., Shelbyville (reinstated).
Wheeler, J. Mac., Bloomington Springs.

TEXAS

Castellaw, C. F., Ft. Worth.
Walker, E. L., Gladwater.

VERMONT.

Templeton, P. L., Montpelier.
Godfrey, F. H., Chelsea

WEST VIRGINIA.

Backus, C. B., Carbondale.
Drinkwater, W. G., Gormania

WISCONSIN.

Rodecker, Royal Charles, Holcombe.
Duclos, A. A., Kilbourn.

WYOMING.

Elliott, Marion S., Lander.
Newland, J. S., Kemmerer

The election of officers resulted as follows:

President.—W. E. Daniels, M.D., Madison, S. D.

First Vice-President.—W. W. Maple, M.D., Des Moines, Iowa.

Second Vice-President.—E. B. Shewman, M.D., Cincinnati, Ohio.

Third Vice-President—H. A. Shafor, M.D., Detroit, Mich.

Recording Secretary.—Wm. P. Best, M.D., Indianapolis, Ind.

Corresponding Secretary.—W. N. Mundy, M.D., Forest, Ohio.

Treasurer.—E. G. Sharp, Guthrie, Okla.

Council on Education.—J. U. Lloyd, Phar.M., Cincinnati, Ohio; H. H. Helbing, M.D., St. Louis, Mo.; T. D. Adlerman, M.D., Brooklyn, N. Y.

Next place of meeting, Nashville, Tenn.

The report was adopted and the officers declared elected.

Following the installation of the officers, the convention adjourned to meet in Nashville, Tenn., June 19-22, 1917.

President Daniels has appointed the following committees for the ensuing year:

Committee on Arrangements and Entertainment.—J. P. Harvill, M.D., chairman, Nashville, Tenn.; J. O. Cummings, M.D., Nashville, Tenn.; J. Harvill Hite, M.D., Nashville, Tenn.; A. E. Fuston, M.D., Shelbyville, Tenn.; Ivadell Rogers, M.D., Lawrenceburg, Tenn.; B. L. Simmons, M.D., Granville, Tenn.; R. O. Williams, M.D., Humboldt, Tenn.

Finance Committee.—J. C. Mitchell, M.D., Louisville, Ky.; B. K. Jones, M.D., Kenton, Ohio; H. A. Shafor, M.D., Detroit, Mich.

Committee on Conference with Homeopaths.—C. L. Johnstonbaugh, M.D., Johnstown, Pa.; G. T. Fuller, M.D., Mayfield, Ky.; E. S. Spindell, M.D., Springfield, Ill.; T. A. Son, M.D., Bonne Terre, Mo.; J. P. Harvill, M.D., Nashville, Tenn.; J. K. Scudder, M.D., Cincinnati, Ohio; F. M. Andrus, M.D., Lincoln, Neb.; Wm. P. Best, M.D., Indianapolis, Ind.

PRESIDENT'S ADDRESS.

THEODORE D. ADLERMAN, M.D., BROOKLYN, N. Y.

Fellow Members of the National Eclectic Medical Association, Ladies and Gentlemen:

Another year has rolled by and once more we meet for the forty-sixth time in annual convention to discuss our needs, to discuss the problems of the hour confronting us, as well as those confronting humanity in general. I take this opportunity to extend to you a most hearty welcome and express the sincere hope that you will help me to make this meeting harmonious, interesting, and of benefit to every Eclectic practitioner in this country.

When a year ago at the San Francisco meeting you saw fit to re-elect me for the second time to the most important office within your gift, that of president of this most important body of Eclectics, I made a vow then to use all possible efforts to promote the interests of the Association in general, as well as of every member individually. I promised myself to use my earnest efforts for the promotion of Eclecticism and the welfare of Eclectic institutions. If I have fallen short of what I would have liked to have accomplished, it is for you to judge.

The responsibilities which are associated with the office of president of this Association are such that they made me hesitate more than once and analyze my doings with great care. In all, however, I think every member of this Association has much to be thankful for to-day. We stand at this moment far stronger than we have ever been, stronger than last year, and this applies not only to the affairs of the National, but to the cause of Eclecticism in general. The dawn of a new era is upon us, the light is spreading, and Eclecticism is coming to its own. When thirty-five years ago, in 1880, the great nihilistic period in medicine commenced to make its appearance, when the value of drugs, and drug medication commenced to be denied by the "all knowing" (?) dominant school of medicine, when self-constituted authority in shape of questionable "councils" denied the value and regulated to oblivion drugs of well-established therapeutic merits, when the teaching of materia medica and therapeutics commenced to be considered a secondary matter, a matter of no importance whatever by the old school colleges, as well as by the omnipotent medical boards of examiners, when as a result of that 28,000,000 of people became devotees of

drugless healing, the Eclectics kept on with the study of drugs at the bedside. When the nauseating and obnoxious serums, vaccines and coal-tar products, which were acclaimed by our Allopathic confreres of the dominant school as life savers, which were to bring the millennium to medicine, but which have failed, as a lot of other ever-changing theories of the old school of medicine, the Eclectics kept on with the study of their drugs at the bedside, recording their results and storing up their knowledge.

As the days rolled on (and the cemeteries filled up with the victims of serums, vaccines and therapeutic nihilism), when even the much lauded "made in Europe," "every day new ones," coal-tar products failed to cure, we commenced to hear a murmur, which spread and spread; it became louder, till it could be heard even among the "I am holier than thou" men. It rumbled on, and to-day its cry can be heard in the ranks of the profession: "back to the drugs, back to the rational therapy." They have even gone so far as to condescend to acknowledge that the Eclectics have developed some drugs that are worth studying, that are worth knowing. The pendulum, my brothers, is to-day swinging back; it is swinging the other way, and they, who only yesterday ridiculed our claims and called us "drug crazy," are to-day eager and hungry for our system of therapeutics, for our materia medica. They are commencing to see a light, and that light is demanded by their patients, who are tired of their theorizings, and who want results, and who demand cures for their afflictions, caring little for the laboratory experiments, and caring even less for the knowledge of bugs, unless the doctor has the cure for the malady produced by the bugs. *The Allopathic school, with all its richly endowed medical colleges, endowed by the different foundations and private fortunes, pressed out from the common people by monopolistic and trust methods, the Allopathic school has failed in its theories, it has failed in its mission. It has failed in its teachings. It has failed in its doctrines, and stands ready to-day to renounce all its claims as it has been doing time and again during the last few decades. These great foundations, like the Rockefeller and Carnegie Foundations, which have oppressed and suppressed the small independent medical college and its graduates, and who have used means fair and unfair to get their results, and who have put all their resources in the big, university-connected college, have failed to produce the practical all-around physician, who is of use to the people, and who is their anchor in sickness, but has produced theorizing laboratorians, who have so much science in them that they are of no use to any sick, whether man or animal. It is the graduates of these foundation-supported, foundation-petted colleges who are so hungry for the detail man to tell them what patent to use in this or in that sickness.*

You Eclectics of the small country hamlets, you Eclectics of the country villages, you Eclectics of the towns and cities, you know that this is true, and you know *now* why the Eclectic, wherever you find him, is attending

more patients than he can possibly handle; you know why the people are coming to you.

The members of the Eclectic school of medicine are not asking the legislatures to protect them from the ever-increasing number of doctors, because they can not make a living on account of the overproduction of medical men; no, we want more Eclectic physicians, the people want them, and they look for the physician with the solid doctrine of specific medication. *The Allopathic school has been and is opposed to all doctrines but its own. It opposed Harvey when he presented his theory of blood circulation, and only nodded assent when the world began to pay homage to the discoverer. Allopathy shook its wise head when Jenner espoused the cause of the dairy woman who claimed that cowpox was a preventive for smallpox. Allopathy tried to stop Priesnitz, the founder of hydrotherapy, from teaching the doctrine of cleanliness. Allopathy threw its thunders on poor Hahnemann, the founder of Homeopathy. It ridiculed Messmer and his ideas of animal magnetism, and were Jesus of Nazareth among us to-day healing the sick, the Allopathic school would oppose His teachings and compel Him to go before some board to answer questions which the examiners themselves can not answer. Are you, therefore, surprised that Allopathy is against Eclecticism?*

The most startling need of the hour in the Eclectic cause is the establishing of more Eclectic colleges and reopening of some which have been temporarily closed owing to adverse circumstances and to unreasonable demands for marble halls made by self-constituted boards, who have acquired power from unthinking legislatures, which were always ready to listen with a smile to anything coming from the golden-tailed octopus. Means will have to be found, and can be found, to reopen these Eclectic schools. Where formerly the legislative bodies were ready to listen to the wily schemes and smiles of the octopus, whereby the small sectarian colleges were first oppressed, persecuted and then destroyed by means fair or foul, to-day the same bodies are awakening to the fact that they were simply cats-paws to further the schemes of a medical trust. They are awakening to the cry of the people for the small institution, which gave them better doctors; they are awakening to the fact that the college with the great campus and marble halls, even if it is affiliated with foundation-supported universities, does not produce brains.

My brothers, the fault is partially ours, too. I want to say here that the Eclectic fathers would not have suffered and allowed things as we do now. They were not fools; they were men, who saw the truth and dared to face it through. Our tremendous indifference is our worst enemy. We who have *given a system of medicine to the world, and a materia medica to humanity, we are too indifferent and too easily satisfied. We do not kick enough. We don't keep on kicking till we put things through. We start, but we don't finish. We try, but we do not succeed. We are long on intentions, but short on results.*

The day, however, has arrived, when with proper work, we can reopen most of our colleges, whose records were second to none even before the Allopathic boards. The plans for this we can not discuss in this open meeting, but will have to come up and be developed at an executive session of an executive body selected by this association for this special purpose. And you Eclectics, men of influence, men of affluence in your communities, you who owe everything you have to the Eclectic cause, the cause that made you what you are, you should stand ready to give, and give, and give again and again a part of your incomes to the plans that will be developed in that direction. While I am upon this subject of giving, may I be allowed to say a word or two to our delinquent members, or to those who have been delinquent and who have taken so much of the time of the executive officers in compelling them to write letter after letter before we finally succeeded in collecting some of these $2.00 bills. Some criticism has been evoked and statements made, that I am somewhat too positive and too persistent in collecting the dues. Possibly I should have contented myself with making pretty speeches, but speeches alone would not produce the revenue required for the production of the National QUARTERLY, nor for the payment of our other legitimate expenses. The prophet Amos was popular as long as he sat under his sycamore tree tending his flocks. His unpopularity began when he came to Jerusalem and went into the presence of the king to speak his mind. Let every member pay his dues promptly, and there will be no unnecessary persistency on the part of the executive officers. Let all State secretaries attend to their duties promptly, remit National dues promptly, and there will be no persistency. While it is right of you to expect work and efficiency from your National officers, greater activity from every individual member, and especially from State officers, is very much desired.

During the last year the organization work has been going along on the same lines as before, your National officers sparing no time or energy in that direction, and the results are before you. In most States we are to-day stronger than ever before, while in some other States new blood has been injected and new life accordingly resulted. The organization work is far, however, from being completed.

It is often hard and very often almost impossible for your National officers to meet or to reach certain individual non-members who are settled in outlying districts. But if each and every one of you would constitute himself or herself a committee of one, with the sole object and aim that during every year each and every member of the National must secure one additional member for his State and National societies, you can easily count for yourself how long it would take before we would triple our membership and become a power whose influence would be felt in every corner of this country. You will, of course, agree with me that whatever was said above, or what we may contemplate doing, can not, or never will be realized unless the National is in a good flourishing condition, and unless every member does his full duty towards the cause and towards the Association.

It may be possible that some of you will consider me somewhat of a crank, or as one who takes himself too seriously, and is, therefore, exacting from others. That is as it may be, but, my brothers, let me call to your attention the fact that ours is an exacting and serious cause, and that as such it demands the very best that is in us. Let me call your attention, brother Eclectics, what is necessary now is not mere acquiescence. Action is demanded to put an end to conditions which for the last few years brought destruction to our colleges. To subsidize our present colleges by material means and not by advice and talk only is a matter of importance which must receive your attention. This must be decided now and can not be postponed. Its solution is far easier than many of us may imagine. This subsidization of our colleges will not only help the colleges, but will help the National, as it will add to its prestige and will give it a control in all matters Eclectic. The house of delegates should take up this question at once and the findings be transmitted to a special committee for the final working out of the ways and means.

While I do not like to criticize at this moment, when we are here at our annual fraternal reunion, still I cannot help it. I am compelled to call attention of the different State societies to the peculiar lax way in which they elect their State officers, saying otherwise that many State societies have officers who are incompetent to perform the duties to which they were elected. I am saying this not in a spirit of faultfinding, but with a spirit of love for the cause, and I hope it will be so taken. I am now making this as an appeal to every State Eclectic society in the United States to give more care to the selection of its officers, and especially in the selection of the man who is to fill the secretary's chair. A proper man in the secretary's office will make the society flourish; a wrong man in the secretary's office will and has ruined many a State society, whether Eclectic or otherwise. And it is in connection with this last, that I often wish that the National had the power of referendum; the power to recall any State officer who is or has proven himself to be the wrong man in his office. It is due to the inactivity and inefficiency of so many State secretaries that so large a deficient list exists in so many States. It is nothing but right, therefore, to give the National a right to devise means to collect these outstanding dues wherever the State secretaries fail to do the work.

To you, Eclectic members of Eclectic societies in the United States, I am also making an appeal: Do not forget that you have a duty to perform to your State and National societies. Do not compel your State secretary, or your National secretary, or even your next National president, to write you a dozen times before you kindly condescend to send in your State or National dues. Send it in at once when you get the first bill, and do all you possibly can to attend the meetings of your State societies, as well as the National meetings, as upon this depends the failure or success of your cause.

The matter of publicity to which we have devoted many hours is still somewhat unsettled. There is more than one way of reaching the public

outside of the daily press. Direct work in your community will produce results that will surprise you. How many of you have ever tried to address the people in the different churches? How many of you have used the pulpit for that purpose? Why not do this? It is legitimate, and will prove of great benefit to the people and to the Eclectic cause. Why not arrange with your local church to speak from the pulpit at least once or twice a year? Speak on general health matters, and at the same time instill in your talk certain references about the Eclectic cause, its principles, teachings, etc. It will benefit you personally. It will give students to the Eclectic colleges, it will increase our following. Publicity we must have; we must get it; it is our salvation, as it is not enough that we know that we possess the rational system of medicine and therapeutics; the people must know it, and the sooner the better. The futility of printing pamphlets for distribution to the laity and expecting the members to buy the same has been tribution to the laity and expecting the members to buy same has been demonstrated by the thousands of such pamphlets laying without use in the secretaries' cellars. I would recommend that this work be undertaken by the National Executive Board as follows: Each member of the National be requested to furnish ten names of the best people in his town and to these the National will mail at its own expense these pamphlets. This way you will get them into circulation, the cause will be placed before the people, and good results are bound to follow. The National must do it, or it will not be done.

Lately we have been receiving queries why the Eclectics are not admitted to general hospitals? Why are Eclectic practitioners of good standing and of undoubted ability not appointed on hospital staffs? This not only applies to Eclectics but to physicians of all schools. It is an established fact that all hospitals are controlled by a clique comprising about 10 per cent. of the profession, who have assumed power based on the ignorance of the other 90 per cent. If you are trying to get into a hospital as a member of the staff, keep in mind that you as a citizen and taxpayer are entitled to the use of parks, courts, libraries, or any other public institution on equal terms and conditions with everybody else, and that hospitals come under the same regulations, and as a citizen you can compel them to appoint you under proper regulations as a member of the staff. If you are refused, your remedy lays in the courts, and your State, as well as the National societies, should take the fight up for you.

And now, gentlemen, I thank you for the attention given me, as well as for the courtesy extended to me during my two terms as president of the National Eclectic Medical Association. I will also take this opportunity to extend my sincere thanks to Dr. Best and Dr. Mundy for the help given and for their tireless efforts on behalf of the Association.

ECLECTICISM: PAST, PRESENT AND FUTURE.

R. L. Thomas, M.D., Cincinnati, Ohio.

Ladies and Gentlemen:

Your president has asked me to address you on the subject of Eclecticism, Past, Present, and what is of more importance, Future. In considering its birth or organization we must inquire as to the conditions present in the medical world early in the past century, and the necessity, if any, for a change in treating the sick. To establish any great reform there must necessarily be some great wrong to be righted. What were the conditions?

The great Dutch physician, Boerhaave, said: "If we weigh the good that has been done to mankind by a handful of true disciples of Æsculapius against the evils wrought to the human race by the great number of doctors since the origin of the art of medicine to our time, we should doubtless come to think that it would have been better had there never been any doctors in the world." Sir Astley Cooper said to the students of Guy's Hospital: "Look, gentlemen, at one hundred patients who come into the hospital; their treatment has been so infamous and disgraceful that their health is irremediably destroyed." The great Sir John Forbes, in 1846, speaking of Allopathic practice, said: "Things have arrived at such a pitch that they can not be worse"; while that prince of British physicians and writers, Dr. Mason Good, writes: "The science of medicine is a barbarous jargon, and the effects of our medicines on the human system are in the highest degree uncertain, except, indeed, that they have destroyed more lives than war, famine and pestilence combined"; and Professor Haecker says: "We must abandon the way which has thus far been followed."

Such is the confession of the greatest of the medical profession in the first quarter of the past century. The treatment not only failed to cure, but increased the mortality; it not only failed to relieve the suffering, but added greatly to it. No matter what the malady, the treatment was depleting. The means in common use consisted of blood-letting, free purgation, mercury in its different forms, antimony, nauseants and blisters, with medicines in large doses to influence the kidneys and skin. With such treatment, the appetite for food was lost and digestion impaired. Starvation was part of the antiphlogistic treatment, and as mercury and water were thought to be antagonistic, water was withheld. Their sufferings were intense. Tormented by nauseant drugs, by drastic physics, suffering from blisters and groaning for water, the sick cried in vain for relief.

To combat with such a system—to antagonize such treatment—the Reform School was born. In the little State of New Jersey, one of the thirteen colonies, was born that spirit of liberty which dared make its fight against the recognized usages and customs of centuries. The great principle upon which Eclecticism was founded was broad and deep enough to embrace every ailment to which flesh is heir, namely, "That disease, wherever met, and in whatever form, was devitalizing and lessened one's power

to live, and any agent or method that still further impaired this vital force was to be discarded as harmful, if not criminal."

Drs. Benjamin Tidd and Samuel Thomson, by discarding all depleting agents, and using in the place remedies from the vegetable kingdom, prepared the way for Dr. Wooster Beach, the father and founder of the most rational system of medicine before the world to-day—Eclecticism. In 1827, he established the United States Infirmary, and in one year treated 2,100 patients. In 1829 was organized the Reformed Medical College of New York. In 1830 was established the Reformed Medical Society, which, on May 3, resolved, "That this society deems it expedient to establish an additional school on the Ohio River, in order that the people of the West may enjoy the advantages resulting from a scientific knowledge of botanic medication."

In 1832, an additional college was established at Worthington, Ohio, but in 1843 was removed to Cincinnati, where greater facilities for carrying on a medical college were furnished, and two years later this college, the Eclectic Medical Institute, by special act of the legislature received its charter, and a full faculty organized, consisting of those early pioneers and founders, Morrow, Hill, Jones, Cox, Baldridge and Oliver. Other schools were established and the work spread to all parts of the land.

Those earlier Eclectics were staunch, earnest and loyal to the new doctrine as laid down in their principles, and the battle for the new as against the old was a most bitter one. They were persecuted, maligned and ostracized by the dominant school, but the greater the persecution the more vigorous the growth. In 1836, eighty years ago, Dr. Morrow proudly stated that there were two hundred regularly educated medical reformers practicing medicine. To-day they are numbered by the thousands.

Though the earlier Eclectic system was a very successful one, it was decidedly unpleasant on account of the large doses of infusions and decoctions. Powdered roots and bark and herbs were efficacious, but decidedly nauseating, and the more prominent men soon saw that if the new school was to succeed in a large sense, the remedies must be gotten into a more palatable form and in smaller compass.

The Homeopaths were pushing their claims for patronage, and small and pleasant doses were becoming popular. Prof. John King turned his attention towards the concentration of the various remedies, or rather to obtaining the active principle from the plants in the form of resins; podopyllin being the first in the list. He was ably assisted in this work by Wm. S. Merrell, the father of Eclectic pharmacy. Still the remedies were harsh and unpleasant, and as the years went by the necessity for small doses and pleasant medication became more apparent. The harsh action must be replaced by the medicinal action. The infusion, decoction and powders must go. Fortunately, there appeared upon the field one who was to start a movement that would end in not only a pleasant but successful medication. It was found that the old-time remedies could be concentrated and dispensed

in water, and a new era of prosperity dawned, and when Dr. John M. Scudder gave to the world specific medication and specific diagnosis, supported by specific medicines, he presented the way for a still more progressive study of medicine. The school began the development of this idea, and to-day specific medication is the rational system of medicine.

With the lapse of the years, physicians of all schools have grown more liberal; the so-called regulars have dropped the term "quack" as applied to all physicians not of their school, and the adherents of the new school have ceased their invectives against their former rivals, each realizing that the other possesses that which is of value to mankind, and some are asking if it is not time for all schools to merge.

With the discovery of the germ theory as the cause of disease, the colleges have been vying with each other in securing the most elaborate equipment and most noted teachers to do their work. With the advancement in the science of medicine, is it necessary longer to maintain that system which has had such a glorious past and successful present? To me it seems there can be but one answer to those interested in the healing art. We are ready to acknowledge that laboratory methods may be, and many times are, of great value in diagnosing that which otherwise would be obscure, but the sick are more interested to-day, and always will be, in methods of cure rather than in diagnosis. It is a great service to make a diagnosis, but it is a greater service to restore health.

With the advent of laboratory study, new terms were introduced into medical literature. Opsonins, antibodies, stimulin, toxins, antitoxins, complements and anti-complements, ferments and anti-ferments, precipitogenous substances and precipitins, agglutinogenous substances and agglutins, etc. Now, all this sounds very scientific, and perhaps is very scientific, but with the advent of these interesting findings the mortality of diseased conditions has not been reduced over that of well-selected remedies. The opsonic index is raised whenever we remove or control diseased conditions by the properly selected remedy. New antibodies are developed when by the properly selected remedy we remove or control or neutralize the morbific substance. Eclectic treatment of disease has been successful for eighty years, and is needed just as much to-day as ever—not to combat the harsh medication of a century ago, but to preserve the curative effects of our splendid remedies in meeting diseased conditions.

What, then, is needed to preserve Eclecticism and make a still greater future? First, loyalty of her sons and daughters. Indifference, half-heartedness, lukewarmness, will result in the decline, if not the death, of any system or organization. Be loyal. Renew your vows. Drink long and deep and often at the fountain of Eclecticism. Every Eclectic should be a propagandist for the system. Talk Eclecticism. Enlighten your people, enthuse your friends for Eclecticism. Tell them what it has done and what it can do. Then to have a great future, Eclectic colleges must be filled with

students. The strict requirements for entrance and lengthened curriculum has caused the closure of many medical colleges during the past ten years. Of the total, 166, sixty-seven have closed their doors. Of these, four are Eclectics, six Homeopaths and fifty-seven Allopaths.

What, then, shall be the future of Eclecticism? It is in your hands. You can make it a still greater power by rallying to her colleges more students, more money, more loyalty. With these, Eclecticsm shall go forth to still greater conquests, and the medical world will be enriched by her matchless materia medica.

COLLOIDAL CHEMISTRY AS APPLIED TO PHARMACEUTICAL PROBLEMS, WITH DEMONSTRATIONS.

Prof. John Uri Lloyd, Cincinnati, Ohio.

What I have to bring to you to-day is something that is very old and yet, to many, very new. The phenomenon that I propose to illustrate has, in one form or another, been always before our eyes, and yet has escaped the observation of even the most careful scientists in connection with the experiments that I bring to you to-day. It may not be out of place for me, indeed, I think it is proper and best that I should say that such as this is only a fragment of the line of work that has become my life-work—for the work of my pharmaceutical laboratory is largely outside the problems that come before other chemists and pharmacists.

The phenomenon is physical, at least, we accept to-day that it is physical. But physics and chemistry intrude the one upon the other, dove-tail into each other to such an extent that no man, in my opinion, can draw the line and determine where one ends and the other begins.

I will now call to your attention phases of this problem that illustrate its importance, as viewed by the scientific world to-day.

This is the first experimental presentation that has been made by me before a medical society, or a collection of physicians. But it is not the first time that phases of it have come before the scientific world. Last year, demonstrations were made before the University of California, the University of Southern California, and the Leland Stanford University. Afterwards, phases of the phenomena were presented to Valparaiso University, the University of Michigan, at Ann Arbor, the Washington branch of the American Pharmaceutical Association, the Philadelphia College of Pharmacy, and the College of Pharmacy Department of the University of New Jersey. I, therefore, feel that I am not intruding upon you something that is without interest to others.

Prof. Wolfgang Ostwald, the exchange professor from the University of Leipsic, when he made his trip through this country, giving his university exchange lectures, spent some time in Cincinnati, much of it in my laboratory. He went over with me, not only what I have here to

illustrate, but much besides. When he left America he asked the privilege of reproducing and translating into German those papers published by me in 1879-1885, touching this subject. The experiments I shall now introduce are not, I feel sure, to be considered as an intrusion, and the taking of your time without a valid reason.

What do we mean by colloidal chemistry? Physicians have recently seen much concerning it in print, the medical journals are beginning to talk it, medical authorities are beginning to study it. I am much afraid it will become a fad. That is the danger. Let us briefly answer the question, what is colloidal chemistry? by saying that colloidal chemistry is the study of the attraction shapeless bodies have for other substances. How does that differ from the chemistry of the olden times? You were, many of you, once young people, who listened to my lectures twenty-five or thirty-five years ago, and you will remember I would say to you that in chemistry elements unite in definite proportions; for example, an atom with an atom, two atoms with an atom, or three atoms with an atom—to form molecules—the product being a definite chemical composition. That is the chemistry of the olden time, and applies now as then. You remember, as examples, that I would show you how an atom of bromine, plus an atom of potassium, would form a molecule of bromide of potassium. No more and no less of either element would unite to form the molecule—it must be exactly these quantities. That is true of the atomic theory. All that time I was continually setting forth in the lessons the fact that the study of legitimate pharmacy was largely outside such as that. The pharmacist did not use the blackboard to illustrate reactions between substances that came to him, because he could not illustrate them on the blackboard. He knew what changes came and comprehended the results of the reactions, but no blackboard could set them forth. I remember that I told you that the structural chemist I have mentioned kept his fingers off pharmaceutical compounds or mixtures. He could tell you how to make the formula of iodide of potassium, but he could not tell you what reactions took place in the making of plant pharmaceutical compounds, and, therefore, he neglected a great unknown field.

We have what we call *adsorbers*, materials which, in themselves inert, inactive, would grasp another material, and hold it so firmly that even strong chemical reagents cannot easily untangle the two, though each retains its individuality. In the olden time I told you that iodine—almost black—and potash—a metal that looked like lead—would unite to make a colorless compound—white, the qualities of the two integrals disappearing. In *colloidal* chemistry, the materials that are locked together are carried intact. I use the word *"adsorb"* because I have no better term to apply. It is a case of attractive phenomena, but it may be that when I next address you, I may use another term; I may see more of the problem than I do now.

Nature has kept before our eyes continually, in the vegetable and animal kingdoms, these colloidal reactions. One material that has illustrated this—well, I may say world-round phenomenon—and that is more commented on as an alkaloid adsorber in chemical journals than almost anything else of recent years, is obtained from the commonest kind of earth. The earth I use for the extracting of this material (hydrous alumina silicate) which has such wonderful qualities, is Fuller's earth. I can, however, use any clay, and have assayed one hundred or more of them, even to the clay used in cleaning hair in the Turkish harems, that Mrs. Lloyd found employed by women.

The process of manufacture is very simple—I will not take your time here to explain it. The reagent has the peculiar power, among others, of immediately and instantly taking an alkaloid from water, even in the presence of an acid. It is just as positive in its action as could be any acid that would form a definite salt.

Let me now show you this reaction, in such a way that the contrast will illustrate how quickly and effectively the phenomenon takes place. I shall pour into this cylinder some water. Then I shall dissolve in it this, to you, very familiar substance, berberin sulphate, which makes a yellow solution. Then I will put into it a little of the reagent, and shake them together. This reagent has an affinity for sulphate of berberin, and the filtrate should be colorless. See, the berberin is gone. Where is it? Here is a natural chemical reaction that seemingly no chemist can now express by an equation. The alkaloid is *adsorbed*, a term used to express this phenomenon, whereby, without change, a reagent that in itself is insoluble will take from a solution certain materials completely dissolved therein. See, the precipitate inside the filter paper is yellow. But, were you to taste it, you would find it tasteless. A very peculiar phenomenon, in which the material itself disappears from the solution, reappears in combination with the inert material, and loses its taste.

(Demonstration was also made with nitrate of sanguinarine.)

I bring to you a phenomenon that, with these materials, until a year or two ago, was unknown to the world. If I were asked by a physician to say how such as this can be of service as a comparison or study in the animal economy, I would ask him, "By what other methods can you explain the adsorbent powers of many different cells? Why is it that one cell creates bile and another saliva, unless it is through some selective, elective, or excluding power? There is apparently no atomic chemistry in it. It seems to be a physical phenomenon, and yet these cells do their work very accurately."

There is now a beginning of the application of this phenomenon in the study of animal life. We have given too much attention to the so-called organic side of life, thinking too much of oxygen and hydrogen, nitrogen and carbohydrates. We have excluded from our study the in-

organic compounds that we know are necessary to life. We must study these. They must be considered as a whole, as a mightly complexus in which we find the balanced method that nature uses to accomplish results that are as yet hidden from us.

May I tell you how I look upon these experiments? If I had a stereopticon machine here I could show you on the screen certain of the phenomena changes. But I will try to make it plain without the screen. If you will take a sponge, say the size of your fist, and pour upon it a teaspoonful of water, it will suck up the water; you can put two teaspoonfuls on it, and it will suck up the two teaspoonfuls; you can continue that way until finally it will hold no more. The sponge remains a sponge; and the water is still water. There has been no chemical change, and yet the two have united in such a way that they will remain together in the sponge. Put this alkaloidal reagent in water. Under the microscope it looks like a bit of jelly—colloidal—no crystalline form, no regular structure—a colloidal jelly surrounded by water. The material is colorless, clear, transparent, but you can see it with the proper light. If at one side of the cover glass you put a piece of filter paper, and on the other side a little of this red solution of sanguinarine sulphate, as the water is obstructed from the opposite side you will see the particles nearest to the reagent begin to turn red, the water around being perfectly clear. By means of these processes I have been able to show that every plant yet experimented upon contains alkaloidal content.

In bringing to you this, the first demonstration before a medical society, let me ask that you remember that I am simply a student. I comprehend how little I now know, and I reserve the right to change my opinion at any time if anyone can bring me, or I can discover, evidence to show me how I can take a step higher or farther. I should not neglect to say that in all life processes one agent is always necessary, and that agent is water. No water, no life. If you withdraw the water from this reagent here, it has no alkaloidal affinity whatever.

I must ask you to excuse me for taking your time, and for illustrating certain perhaps tedious experiments, but a study of this phenomenon is very enticing to me because of the many years I have been working on it quietly. It is perhaps the most important phase of all my studies, and, in my opinion, long after I am gone it will become the foundation of the study of plant pharmacy. Plant pharmaceutical preparations involve the study of just such chemistry as I have brought here.

FURTHER REPORT ON THE ACTION OF "SUBCULOYD INULA AND ECHINACEA COMPOUND" IN THE TREATMENT OF TUBERCULOSIS.

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Since my first report to this Association, last year, on the action of "Subculoyd Inula and Echinacea Compound" in the treatment of tuber-

culosis, several new points have been gathered by myself and other physicians in the use of this agent. It is my great privilege to report to you these items at this time. In order to avoid misunderstandings I wish to state that my experiences relate solely to the use of the preparations made by Lloyd Bros.

For intravenous injections I use the compound in the undiluted state in doses as large as 20 c.c. Originally I started with an initial dose of from five to ten c.c. of the compound plus an equal quantity of distilled water; but I soon abandoned the addition of water, and now work with the undiluted compound.

Another method of administering the compound is by intravenous transfusion, *i. e.,* a suitable quantity of it is added to a quantity of normal saline solution. This mixture is prepared immediately before administration from a "saline transfusion bottle," a syphon apparatus which every one can make for himself at a very small cost. I generally select the internal saphenous vein just above the internal malleolus of the tibia for this transfusion method. The skin is anesthetized by ethyl chloride, a longitudinal incision is made through the skin close to the vein; this is laid bare by teasing the surrounding tissues apart, then hooked up by an artery hook, a trocar needle is inserted, the needle withdrawn, the trocar pushed well up into the vein, the rubber tubing attached, and the mixture of saline solution with the compound injected. From one or two pints are allowed to flow in, when the administration is stopped and the wound closed. This same incision and point of injection may be utilized again.

Such transfusion will produce the so-called salt fever which, however, need give no cause for apprehension; it will pass off within forty-eight hours. Sodium chloride, sugar, or milk, are pyretogenic when injected into the animal organism. But, unlike other substances, salt produces a fever which improves the state of the patient; the formation of antibodies is accelerated and thus the duration of febrile processes is cut short; a hypotonic concentration is an excellent absorbent, and will accelerate the absorption of pleuritic effusions.

I have given such transfusion in several cases with pronounced benefit to the patients. One of the cases was so hopeless it was given up by several other physicians. The patient, a lady of twenty-eight, had been suffering from pulmonary tuberculosis for more than nine years; the right lung was affected entire, fibrosis in spots had taken place, and, by this, the heart had been drawn over entirely to the right side, as also were the aorta and trachea; the apex beat was at the right nipple. There had been continuous fever of more than 101° for the last two months, and the case seemed quite beyond possibility of recovery. The transfusion here produced a salt fever of 103° to 104° for almost two days, increased cough and expectoration for a day; when the temperature came down to 99° in the morning, and would not rise to more

than 100° in the afternoons; the cough became easier and expectoration lessened, appetite and sleep returned.

Reactions (a) Immediate: Upon intravenous injections of the compound there is at once an acceleration of the respiratory rate, lasting for about two or three minutes, after which it returns to its former state. There is also a more or less pronounced flush of the face, extending to the scalp and skin of the neck, and lasting for about five minutes. Further, there is an acceleration of the pulse rate by about ten to fifteen beats, and possibly a rise in temperature of about one-half degree; both these latter phenomena disappear within a half hour.

(b) Later Reactions: In almost all cases the intravenous injections of the compound produce increased coughing and often copious expectoration; both may continue thus for several hours; the patient feels unusually free and easy after that.

(c) General Systemic Reactions: These have been observed only in cases where systemic intoxication was more or less profound, cases that have to be classed as more than moderately advanced. I have found here that the injection will set free the toxins. The symptoms are well known to us—the characteristic afternoon rise of temperature, perhaps up to 102° and more. Advanced cases that had run no temperature often reacted thus. The dose was here reduced or injections discontinued entirely for a week or more, until, by absolute rest, the temperature had been reduced to normal. These general systemic reactions prove conclusively that, as stated in my first report, the compound will act similar to the vaccines; it will raise the opsonic index by virtue of the echinacea contained in it.

I wish to repeat here that in echinacea we have a remedy that cannot be equaled by any of the serums. It does raise the opsonic index positively and decisively, as shown by several hundreds of blood counts made by myself, and other pathologists. *Inula,* to repeat, *will destroy the tubercle bacilli; I want to place special emphasis on this fact.* Reports that have come to me from other physicians, as well as my own experiences of almost five years prove this conclusively.

A very accurate gauge or control of the action of the compound consists in the "Arneth count." This should be made for every case on beginning treatment and be repeated within four to six weeks. When we find, on beginning treatment, that a patient's Arneth count gives an unfavorable prognosis, and then find this count improved within a month or so, it proves that the opsonic index has been raised, phagocytosis increased, the resisting powers of the system improved; and so the prognosis becomes a more favorable one.

The most favorable cases to treat by this method are those of recent development, especially those with unilateral involvement only. But, notwithstanding the efficacy of the compound, cases will be found that, though of apparently favorable outlook, will go from bad to worse, and

die within a few months. These are cases in which very numerous latent foci existed and where thus, on the outbreak of the disease, a very wide area becomes suddenly involved, setting free an amount of toxins which simply overpowers the system, and against which there is no help. Whenever I have been able to take a case over the first two or three months without a serious relapse, that case has gone on to recovery, arrest, or clinical cure.

A bad feature of tuberculous cases is the frequently encountered symbiosis of the influenza bacillus and tubercle bacillus within the same host. Whether it is that the influenza bacillus is a modified or transmuted tubercle bacillus (to which view I strongly incline), or whether there is a true double infection, the fact remains that this symbiosis is one of the most difficult combinations to fight.

Idiosyncrasy.—Out of more than 150 cases treated by myself and others only one case of idiosyncrasy has been met with. As this is of interest, I am giving the details. I would say, though, at the start, that this idiosyncrasy may have been caused by insufficient elimination of the compound from the system, the latter having become saturated to the point of giving reactions that I would designate as idiosyncrasy.

The patient, a man of thirty-seven years, had been suffering with the disease for more than eight years; both lungs were affected, the right entire, and the left apex down to the fourth rib in front. I began treatment at a time when he had had severe diarrhea for the past two months, severe gastro-intestinal disturbances, and grave dyspnea. During the first month he was given twenty intravenous injections of 10 to 20 c.c. each. The reactions upon these injections were a slight flush of face and scalp, temporarily increased cough and expectoration, and a slightly accelerated pulse, all symptoms passing off within ten minutes. At the next, the twenty-first injection, he had a very severe reaction, namely, pronounced flush and redness of the whole body surface; paroxysms of cough, with most profuse expectoration; itching all over the body; bullous, dry skin eruptions of irregular outline and of the size of a quarter to half dollar piece, appearing at all points of previous intravenous injections and nowhere else; swelling of the skin of the forehead, scalp, and of both lips; extreme dryness of mouth and pharynx. These symptoms lasted for about two hours; after this he felt normal and could go home. I then decided to find out which of the two drugs in the compound was responsible for these reactions. I first gave him intravenously 5 c.c. of the "subculoyd echinacea;" the same reaction appeared, but not so severe, and lasting only a half hour. Next he was given 5 c.c. of the "subculoyd inula" intravenously; this made him sneeze most violently for about fifteen minutes; after this time the same bullous eruptions appeared, and one hour afterwards he had a severe chill. I then stopped intravenous injections entirely and gave him intramuscular injections, together with administering the compound by

mouth, 30 min. t. i. d. All went well for the next twelve injections, when the same severe reactions again reappeared. The use of the two drugs was then discontinued altogether. What I had accomplished in this case was: the diarrhea stopped after the second injection; stomach and intestines functioned normally within a week, and continued so throughout the time of treatment; the tongue cleared up within the first week and remained so; the left apex cleared up entirely within two months and remained so; the right lung became fibrosed in spots; and cough and expectoration were reduced to a minimum.

Quite a number of far-advanced cases have come to me during the last year. They offer little or no prospect for improvement, under any method; and the compound proved useless here also. In almost all of of these cases a temporary improvement would take place, the Arneth count even showing some little progress; but, after a short period, the cases would suffer a relapse and then die within a short time.

CASE REPORTS.

H. W., male, aged forty-three. On November 2 and 3, 1914, he had two large hemoptyses, these being the first subjective symptoms of pulmonary disease. There was profuse expectoration which contained numerous tubercle bacilli. Another hemoptysis took place on November 6, when the case came into my hands. Intramuscular injections of the compound were begun that day, the veins being unfit. His temperature returned to normal two days after. Twenty-four days after, he went back to work (vaudeville), having gained six pounds in the meantime. Expectoration had almost ceased, but was still positive. On December 20, his sputum was negative, for the first time, and expectoration ceased entirely by the end of January, 1915. In March, 1915, while on the road, he was taken with a severe pleurisy and returned to New York. His sputum was negative on repeated examinations. Pleuritic adhesions obtained over the whole right chest, with the exception of the apex. He had lost ten pounds since the beginning of the pleurisy. By the middle of April, under treatment with the compound, he had regained all his loss of weight and added thereto five pounds; the cough by that time had ceased entirely. I continued treatment until May 12, when he weighed 146 pounds. Re-examined in April, 1916, no untoward signs or symptoms were found.

J. F. G., aged thirty-three. His case was of twelve years' standing. The entire right lung was affected; there were cavities in the right apex and right posterior lobe, and rales all over the right lung. He had been given the Friedmann treatment in 1913. The case came to me in August, 1915. He weighed 123 pounds, his height was 5 feet, 6 inches. Intravenous injections were begun August 1. After the first injection he had a severe reaction, a chill that lasted for a half hour, and was followed by fever of 101.8°, for six hours. Reactions upon such

injections continued for one whole month. By the end of the second month there were no more audible rales anywhere; but a pleuritic friction sound remained in the right posterior lobe, scapular line, sixth rib. On October 10 he had a slight hemoptysis after some family excitement. His weight had increased steadily since the beginning of the treatment; he weighed 132 pounds on October 6. After the hemoptysis he showed symptoms of a relapse; the sputum again showed bacilli that had been absent for about three weeks. Evidently the hemoptysis had been from an old encapsulated focus, which then had broken down. I continued treatment until the end of January, 1916, when his sputum was negative and he weighed 139 pounds. Re-examined June 15, 1916, no untoward signs or symptoms found.

S. B. O., female. Her case was of fifteen years' standing, only the right upper lobe being affected. She had a hemoptysis of about two ounces, in June, 1915. Treated with intramuscular injections of the compound she at once gained in weight, which had been below normal for the last fifteen years. Pleuritic pains over the cavity from which the hemoptysis came were quite severe for four weeks, and her expectoration was profuse and of evil odor. She gained steadily, and, by the end of September, was able to go back to work. Her cough continued for another month, and then ceased entirely. Sputum was negative, and she had gained about twenty pounds. Re-examined by another physician, in May, 1916, who reported that the patient, to all appearances, was in perfect health.

R. M., female. This case was sent to me by another physician, who had treated the patient for three months before he had a sputum examination made, which then showed tubercle bacilli. The case was treated by me under the supervision of a member of the committee of the New York State Eclectic Society that had beeen appointed to watch over my work. The patient's whole right upper lobe was affected from the apex down to below the nipple. Injections of the compound cleared up the case in four months; her sputum had become negative at the time, and she had gained ten pounds during the treatment that lasted five months.

F. S., female, aged forty-nine. She had lost twenty-one pounds during the last year. Her right apex and upper lobe were congested, breath sounds diminished, vocal sounds increased; right posterior lobe showed rales at the upper boundary; there was cardiac arrhythmia, with mitral systolic murmur. Heavy nightsweats since four months. There were severe pains in right upper lobe, front and back. X-ray plates showed fibrous adhesions from right lower lobe to dome of diaphragm; this is irregular in outline and drawn up higher on this side; several calcified or encapsulated foci through all pulmonic fields, especially in the two upper lobes. Apices both clear; no clouding to suggest infiltration, but congestion in upper lobes. Thus active lesions did not exist.

There was constant, harassing cough, day and night. Her family history was extremely bad. I concluded from the physical and X-ray examinations that she was on the verge of having the encapsulated foci breaking open, and intravenous injections were begun at once. Within two weeks the pains and the cough had decreased very materially, so that she now could sleep without interruption. By February 1, all subjective symptoms had abated. On February 15, another X-ray was taken, which showed the congestion in the upper lobes had cleared up. Patient had gained eight pounds in two months.

J. N. Y., male, aged thirty. The case was sent to me by another physician. The patient had had several attacks of pleurisy and bronchitis, and came into my hands during another attack of pleurisy, two weeks' duration; pulse, 100; temperature, 101.2°. There were pleuritic pains in the right midaxillary line; cough and profuse expectoration; sputum showed tubercle bacilli. He had the characteristic clubbed finger-nails. There were dulness and rales over the right apex, right lower lobe, and right posterior lobe; and he had had severe nightsweats for the last two weeks. The outbreak of the disease was of very recent date, and the patient recovered surprisingly quick. He weighed 129 pounds when the last attack of pleurisy broke out. Under treatment by intravenous injections of the compound his cough improved from the first day. His appetite returned within five days; pulse and temperature came down to normal within ten days, and he was then able to take walks. He went back to work after a month of treatment; his sputum was then negative and the expectoration ceased within another week entirely. He was examined by a member of the afore-mentioned committee and his case was declared arrested.

W. P., male, aged forty. This patient was treated by his own physician according to my suggestions. The man suffered from tuberculosis of the kidney, bladder, and testicle. His right kidney had been removed in 1912, the right testicle in 1914. Treatment begun in August, 1914, at a time when all his symptoms showed a serious relapse; intravenous and intramuscular injections were given at first. His general symptoms improved materially within the first two months, after which he was given urethral injections of the diluted compound; urethral massage was also given with each injection. This regime resulted within a month in a decrease of the greatly enlarged prostate, so that then bladder irrigations with the diluted compound could be instituted. His urine contained abundant blood, pus, casts, and tubercle bacilli. After ten months of intravenous and intramuscular injections, in the last seven of which urethral injections and bladder irrigation had been given, he was well enough to go back to work; this was in July, 1915. Blood and pus had decreased slowly, and, by September, 1915, no more pus, blood, casts, or tubercle bacilli could be found; inoculations upon animals resulted negatively. This condition has now kept up for

a period of ten months. His bladder retains from four to six ounces now. He has been free from all symptoms of the disease since September, 1915, and works full time since then.

Dr. S. L. S., who had treated the man, wrote on May 6, 1915, as follows: "You ask my opinion of the condition of W. P. P.'s condition is good at this time. There is less pain, hardly any at times. The absence of blood and casts from the urine is giving me encouragement. I think your remedy has given wonderful results so far; it certainly has retarded the tuberculous process; and, I feel, that we can expect further improvement." (This was ten months after treatment had been begun.)

The facts as reported in the above case record show that the doctor's expectations of further improvement have been fulfilled. If the man does not develop a hyaline degeneration of the kidney he will probably live many years to come.

I shall now add a few more reports from other physicians of *all* schools of medicine; some of the physicians are not personally known to me.

Dr. E. F. K., who had selected as a test case for me, a female patient who had bilateral involvement of the apices and upper lobes, writes, January 12, 1914:

"Katherine McG., was examined by me to-day. I examined her first on November 24, 1913, and found her to be then suffering from pulmonary tuberculosis; tubercle bacilli were reported in her sputum by the health department at that time. Her condition to-day is decidedly changed. I can find no evidence of pulmonary involvement, and this, with the fact that the health department now reports no tubercle bacilli present in her sputum, makes it appear that you have succeeded in curing her. I am very glad to see you get such splendid results in this case, and congratulate you on your success with your compound."

Dr. A. O. P. writes, May 5, 1916: "I shall be pleased to make as complete a report of the use of these remedies as it is possible for me to give. I do not have the time to make the blood counts, as I am too busy, and the student who has been helping me has gone out to practice, he having graduated recently. However, I have the temperature and pulse and general record of the patients I am treating. I have now secured one arrest of the disease. As soon as I finish treating the case I will give you my method and the case record. There is no question but that this particular combination possesses real virtue. And that is the first preparation of this nature that I have ever felt I could say that about."

Dr. F. E. H. writes, December 12, 1915: "I can report cure of a chronic case of pleural pneumonia ending in abscess of middle lobe of right lung. Microscopical findings showed numerous strepto- and staphylococci, pneumococci, and a mass of bacilli. I placed him upon

intravenous treatment of the inula compound, together with alteratives, and after eight weeks have discharged him cured. During the eight weeks' treatment he gained eighteen pounds."

Dr. G. C. G. writes, May 29, 1916: "Am very, very glad to tell you that the patient has apparently made wonderful improvement, and we are much encouraged. I am now giving her 6 c.c. of the inula-echinacea compound intramuscularly, three times a week; on each evening after these injections she still runs a temperature of 99° F., but has had no fever above that for some time now. She now weighs 114 pounds, one pound more than she ever weighed in her life. She does not cough any, although by several days' efforts managed to expectorate enough to have a sample of sputum examined; this was negative. The Arneth count also shows some improvement. She says she feels as well as she ever did."

The same physician, referring to the same case, writes, June 18: "Am very glad to tell you that the patient is improving steadily and rapidly. After the last two injections there was no more evening rise in temperature, and the pulse has come down, runs now in the 70's. The recent history of this patient is as follows: about the middle of March she had apparently a slight attack of influenza, followed in a week by a bronchial cough. Cough persisted and her strength began to fail; temperature ran from 100° to 101° F.; pulse, 80 to 90; respiration, 20. Had a sample of her sputum examined about April 12, with positive tubercle bacilli result; again April 16, positive. A careful examination by a general practitioner showed both apices involved, with apparently small area of broken down tissue in one lung. April 17, thoroughly examined by prominent specialist, who confirmed diagnosis of first man and found tubercle bacilli present, even in small quantity of sputum expectorated while in his office; leucocytosis, 12,000 white cells. X-ray showed small solidified areas in both lungs and some loss of motion power in lower portion of right lung, no definite cavity area. Specialist recommended sanatorium at once and was not encouraging as to outcome. The patient weighed 108 pounds before she was put to bed, on April 26; this was three or four pounds below normal weight. Temperature was subnormal in the mornings, and up to 99.6° F., in the evening; never had any night sweats. She had had just twenty injections of the inula-echinacea compound, varying in dosage from 6 to 12 c.c., all intramuscular, mostly in the infrascapular region. There is no cough now and no expectoration. She has a fine appetite and weighs now 122 pounds, a gain of fourteen pounds in the seven weeks of treatment, and no sign of stopping either."

Dr. P. R. writes, May 16, 1916: "I have treated two cases of pulmonary tuberculosis with the inula-echinacea compound. Both responded promptly to the treatment. In one case, that of a young man of twenty-one years of age, the tubercle bacilli, which had been abun-

dant, cleared from the sputum within three weeks; but there was little change in other respects until a change was made in climate and general environment. This brought about a very remarkable result within a week. The case is now progressing most favorably. The second case under treatment was cleared of cough and expectoration almost immediately, the temperature returned to normal, sweats ceased, and five pounds were added to her weight in the first month."

Dr. C. H. J. B. writes, April 27, 1916: "One case in which I used the compound regularly every other day, 20 c.c. into the veins over a period of seven weeks, the patient died. His condition, however, was not at all encouraging from the start; he had extensive involvement of both lungs; while his cough improved, his general condition did not. Another case in which I used the compound was a colored lad, about 20, had been sick for six months. He came into my office puffing for wind, temperature, 104° F.; rales over entire chest, most marked in upper aspect of chest; sputum positive tubercle bacilli. I decided, because of his extreme dyspnea, that I would do something radical, and gave him into the vein, at home, the same day, 30 c.c. of the compound. He is a changed man since. The very next day he was able to walk, no difficulty in breathing, and he feels better all around. But unfortunately, he is not taking the treatment regularly, and, I suppose, he will pay the penalty for his neglect. I shall try out your method on at least twelve cases and gladly report the results."

Dr. T. O. G. writes, May 3, 1916: "I have been using the inula-echinacea compound on several cases of known tuberculosis, and will say that I have been surprised at the results; each case certainly felt better, and they know it is helping them. One patient was in bed when I came home from San Francisco, with a temperature of 101° to 103° F., pleurisy on right side and growing worse all the time. I sent to Lloyd Brothers for the compound and started giving her every day 3 c.c.; the pleurisy subsided, and she began getting stronger and sleeping better almost from the first dose. In three weeks she was coming to my office for treatment, and in one month she was free from fever, but coughed a great deal, and there were bacilli in her sputum. I treated her twice a week with 5 c.c. intramuscularly until in March, when she seemed to be losing and coughing more, when I started intravenous injections of 4 c.c. twice a week, then gave inula alone for two weeks; the cough then got better, but she stopped eating and did not feel so strong. When I started the inula and echinacea again, 5 c.c., she immediately felt stronger and slept better. Two weeks ago, I increased the dose to 6 c.c.; the cough is now better and she says she feels better than in the last two years. Last sputum test still showed bacilli. She has been doing her housework all the time since she was free from fever, and has had no fever since. I know this patient would have died under any other treatment I ever used. I think there is something

to your treatment, and hope it will be developed farther. I would like some suggestions from you about this case. . . ."

Some of the physicians who have used the compound intravenously have had difficulty with this particular mode of administration, because the needles for this kind of work are usually too large in caliber, their bevel is too long, and thus there is always danger of piercing the entire vein instead of merely entering it. My own experiences have been the same until I had a needle made of my own design, by Becton, Dickinson & Co., of Rutherford, N. J. This needle consists of an outside cutting canula, gauge 19, with short bevel, and an inside, snugly-fitting blunt canula, gauge 23. The outside canula is fitted with a small handle, which makes it easy to push the short bevel into the vein. Having entered the vein the inside canula is pushed up farther into the vessel, then the outside canula is drawn back, the syringe then attached to the butt of the inside canula and the injection made. There is no difficulty in entering a vein of even small lumen, and the danger of phlebitis on account of piercing the entire vein is averted.

In concluding, I wish to take this opportunity of thanking one and all of the physicians who have co-operated with me in the experiments with the compound; I gratefully appreciate their observations and detailed reports. One gentleman, however, to whom my thanks go from a full heart; and to whom the thanks of all who have worked with the compound will go, is our highly esteeemed Prof. John Uri Lloyd; his great store of knowledge, untiring efforts, and whole-hearted co-operation have made it possible for me to appear before you and report the results of our work.

Finally, I would ask that a committee be appointed who should jointly experiment with this compound and render their report at the next meeting of this body.

THE INTRAVENOUS TREATMENT OF TUBERCULOSIS.

H. H. Helbing, M.D., St. Louis, Mo.

For over two years I have been investigating the intravenous use of a solution of salicylic acid and guaiacol for the treatment of tuberculosis. The most of the time during this period was utilized in research to ascertain the method of dissolving the medicaments, for I realized that in order to administer the treatment intelligently one should know the exact amount of the drugs he giving and not the effect—immediate as well as ultimate—brought about by a given dose.

By consulting the best chemists of the city my ideas were confirmed in the belief that only an alkali would dissolve the salicylic acid in the strength that is recommended by physicians who are using this treatment. I found that sodium phosphate and sodium citrate would make a clear solution, and, while the latter makes a clearer solution, the former, in my opinion, would be more suitable for intravenous use. When

using the phosphate I find that a slight amount of water is necessary to completely dissolve the residue of crystals that is thrown down when the acid and sodium is boiled in glycerine. The exact proportion of ingredients that I found to be necessary, is as follows: ℞ Acid salicylic, grs. 96; sodium phosphate, 3 2; guaiacol, gtts. 40; glycerine, 3 5; aqua, 3 3. Dissolve the acid in the glycerine by boiling, then gradually add the phosphate of sodium, continuing the application of heat until all is dissolved that is possible. A slight residue will remain. Pour off the supernatent liquid, add the water to residue, boil until dissolved, then mix with the glycerine solution and guaiacol.

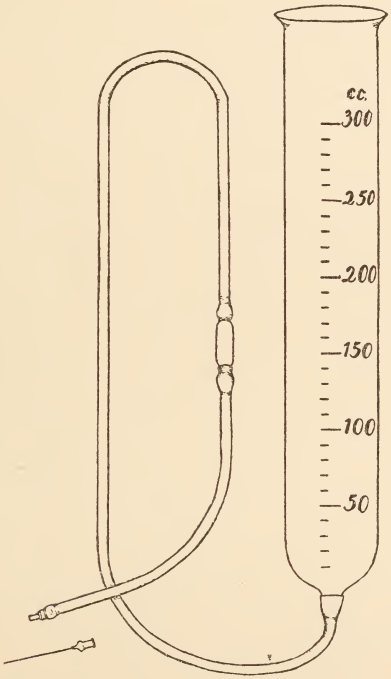
You will find that the acid dissolves very nicely by merely boiling in glycerine, but it crystallizes again upon cooling, so that adding the sodium is essential to hold it in solution. I found that a certain amount of sodium would hold the acid in glycerine, but when added to saline solution it would throw down crystals, but when using the proportion of sodium as is contained in the above formula, it made a perfect solution, and one that would make a clear solution with any proportion of saline solution, or with water.

For the administration of the above amount I mix it with eight ounces of normal saline and introduce it by using a salvarsan gravity outfit. I use about a 22 gauge Luer needle, which will allow the solution to pass into the circulation in about twenty minutes. The needle is best introduced in the cephalic or basilic vein of the arm, but any vein that is sufficiently prominent may be selected. Sometimes a vein in the foot or leg may be utilized more easily.

A bandage in tied tightly above the point where we wish to insert the needle and when the vein is sufficiently distended the needle is introduced first through the skin, then, while pushing it into the vein, have the needle as near parallel to the vein as possible, so as to avoid going through the opposite wall. As soon as the needle has entered venous blood will flow from the needle. The bandage is now removed, the rubber tube is connected to the needle and the solution allowed to flow. All air should be forced from the tube before being attached to the needle. It is wise to filter the solution through a sterile filter before using it. It is needless to caution you to render the field, needle, apparatus, solution, and your hands sterile.

There are some patients who will have shock following the administration of the solution. Some will have a severe chill, followed by profuse sweating. Some will have sick stomach. One patient was reported to me by another physician to have become pulseless, even before beginning the introduction of the solution. This was due to nervousness, it is true, but we must take this eventuality into consideration, because this doctor had a hard fight to revive his patient. One patient to whom I gave the treatment, had very rapid sighing respiration while giving the treatment. This was because of nervousness.

It is wise to give only half a dose the first treatment, so as to test the patient's idiosyncrasies and observe if any shock is produced. It would be better to give a half dose and repeat it in a week than to give a full dose and produce such a shock as to frighten the patient, or destroy his confidence in you. To establish confidence in the patient's mind, it is wise to advise him in advance, telling him the symptoms he is likely to have, following the injection. Another symptom from which they suffer is sick stomach. This often comes on while the solution is being introduced, and will sometimes last a day. If the patient is advised to not eat any breakfast the morning it is given he will have less trouble from this symptom.



The solution is given every two weeks, if the patient has become normal after the administration of a previous injection. In some cases it may be given as often as once a week, if we have reason to feel that he can stand it this often. It should be given at the patient's home, and he should remain in bed the rest of the day.

Now, as to the benefit to be derived from the treatment. As has been said by those who have used it, the treatment of itself will not cure, it will assist in the cure only. These cases are best treated in a sanatorium, where proper hygienic measures may be instituted. If these can be carried out in the home, of course, we may accomplish the results there. I will select for report one of the most unpromising cases to show what it will do of itself alone.

Mrs. L. N., negro, aged thirty-six. Brother and aunt died of tuberculosis. Has incessant cough, day and night; night sweats, temperature, 102° F.; pulse, 136; weight, 84 pounds. Is greatly emaciated. Has dropsical effusions in feet. Auscultation and percussion reveal both lungs affected. The right somewhat more than the left. An examination of the sputum by Dr. Ingram, as well as the health department, shows numerous tubercle bacilli. On April 18, I gave a treatment containing half the quantity of the formula above, which would amount to 48 grains of the acid. I gave her internally, to control the cough so she could get some rest at night, equal parts of malto-yerbine and elixir terpin hydrate comp., with one-sixth grain dionin in each dose, which was a dram every three hours.

On May 1, her temperature was 100° F.; pulse, 120. On May 3 I gave her the second dose intravenously, containing 85 grains of acid and 25 grains of guaiacol. May 13, excessive sweating has ceased; cough much improved.

May 16, I gave the third dose, this time a full dose, as indicated in the formula above. On May 19 her temperature was 99.5° F.; pulse, 112; respiration, 20.

This patient lives in the tenement district. The effluvia arising in the neighborhood is enough to give all the inmates in the community tuberculosis. There can be no hygienic measures instituted here, nor can proper food and nourishment be obtained, so we were almost, if not entirely, dependent upon what the solution could accomplish; yet, we had marked results. An examination of the sputum about this time revealed the fact that phagocytosis had improved; in fact, had become quite marked. Auscultation seemed to indicate that resolution had begun in the left lung, the one least affected. If the solution will do for a case like this what it has done in such a short time, what might not the possibilities be for a case when proper environment and hygienic measures are instituted?

CONCLUSIONS.

The solution before introducing should be absolutely sterile and perfectly clear. It should be filtered, if necessary. It is best to use distilled water for making the normal saline.

It is wise to have a blood examination made in these cases from time to time, for it is only in this way that we may intelligently ascertain whether the patient is actually improving or not. More par-

ticularly is it necessary to make a hemoglobin test and make a blood count of both the erythrocytes and leucocytes.

The salicylic acid solution may be used in conjunction with the echinacea and inula treatment.

If one has access to a hospital the wisest course is to place the patient in a hospital for a couple of days, as it facilitates matters very much and lessens the danger of introducing infection into the circulation.

SALICYLIC ACID AND GUAIACOL IN THE TREATMENT OF TUBERCULOSIS.

J. C. Mitchell, M.D., Louisville, Ky.

My experience with this treatment has been quite limited because I have not been able to get the cases. Have had many nibbles, but they all wanted "the other fellow" to try the "new" treatment. Many had formed the idea that it was similar to tuberculin which has given such poor results. I give you the benefit of my observations, and if I can assist any physician to have enough courage and perseverance to use this wonderful remedy, I will be well repaid for my effort in writing this essay.

Case 1.—W. C. G., aged thirty-seven years. Had been putting up a losing fight against tuberculosis for five years. Had run the gamut of tuberculin weekly and sanatorium treatment. He took this great treatment up as a dernier resort. He was in a very far advanced state with several cavities and râles all over the chest; temperature seldom over 100° F. He got his first injection on October 16, 1915, of fifty grains of salicylic acid and twenty-five minims of guaiacol, without much reaction except he thought he was weaker the next week. On October 23, I gave him eighty-five grains of the acid and half the amount of guaiacol. Had some nausea with dyspnea. He saw green and his head swam. The ears roared for two days. He thought the treatments were too severe and would not take any more. He continued to stay at the sanatorium in about the same condition, until Christmas day he got out of bed, dressed, and walked up to the dining room. Had a hemorrhage and died in a few minutes. This case was too far advanced and should not have been started upon, as this class of cases bring discredit upon a good thing.

Case 2.—Mrs. K. W. D., aged thirty-nine years; cough for many years. A diagnosis of tuberculosis had been made eighteen months previous to commencing treatment on October 31, 1915. The upper half of her right lung was involved; many râles but no discernible cavities. Had had five hemorrhages before starting treatment, the last two at her menstrual period. Her first injection consisted of fifty grains of salicylic acid and twenty-five minims of guaiacol, with no reaction at all. (For the sake of brevity when I say the number of grains of the acid I will ask you to remember that it always was given with half the number of minims of guaiacol.) On No-

vember 7, she was given sixty grains; on November 16, sixty. On November 23, she had a slight hemorrhage; the same day her menstruation commenced. On November 27, she had seventy grains, and the same amount on December 9. All of these injections were without reaction. The last three were given at my office.

On December 20, she developed pleuro-pneumonia and ran a temperature of 104° to 105° F. for five days with a loss of all the gain she had made. Gave the next injection on January 8, of sixty grains, and same amount on January 21. With fear and trembling I gave twenty grains of a solution I had succeeded in making, with no reaction. On January 22, I gave fifty. On the way home she spent her nickel for salted peanuts instead of riding home. These did not bother her, but on March 9, when she ate molasses candy going home after receiving eighty grains, she got very, very nauseated. The vomiting continued for twenty-four hours. This vomiting was repeated after getting eighty grains on January 28. On April 20, she got seventy-five with less nausea. On March 18, I gave her eighty-five grains before the Kentucky State Society, with practically no nausea or vomiting. I intended to give her next treatment on June 2, but Dr. W. S. Cole, of Columbus, came to town and wanted to see some patient take a treatment, so on May 30 I prevailed upon her to take it without any preparation. She had eaten a hearty breakfast about six hours before. While there was no immediate reaction she vomited for thirty-six hours, because she had not cleaned her bowels thoroughly and had eaten the breakfast. On June 17 she got eighty grains.

Her present condition is improving slowly. The lungs are clearing up and she is putting on weight gradually. When we take into consideration that she is a poor woman and has to make a living for herself and two children, the wonder is not that she is improving, but that she is alive. One hemorrhage that she had followed carrying in a load of coal in washtubs, and another after she had done two days of heavy washing.

Case 3.—M. W., aged thirty-three years. Sick five years. The upper half of right lung involved with small cavity about the nipple on left side, and also many pleuritic adhesions. He had been at one of the local sanitariums for a year, getting tuberculin weekly, and had gained twenty-eight pounds. Came to town and went to work, got married, and lost twenty-seven pounds. He is a silk salesman and stands in a draft. He got his first treatment on December 4 and had a temperature of 101° F. He felt weak for several days but then improved and said he felt good. The fever was less. When the time came to take the next treatment he hemmed and hawed and wanted to wait a while. While he was waiting he developed la grippe and called another physician. After the new year he went out to the same sanitarium, and in five months gained ten pounds and temperature became normal. He has gone out to the country now. I have lost track of him.

Case 4.—R. S. T., aged twenty-two years, failing for a year and a half and lost twenty pounds the past year. His occupation being that of an engraver, he was very busy during the holidays and worked overtime. Has had fever for over a month and failing rapidly, though still working.

On examination many moist râles were found in the right upper lung and dullness in the left apex. Temperature 101° F., pulse 100 on January 22. On January 26, temperature was 102° F. He was given his first injection on the morning of January 31 of 20 grains, temperature being 102° F. He got thirty grains on February 7; fifty on February 14; seventy-six on February 21; fifty on February 28. The attempts on March 9 and 11 were unsuccessful because the veins would not swell up. Was successful in giving thirteen grains on March 13. On March 15, he collapsed and got worse with all the symptoms of toxemia, and died on March 24, eight weeks after commencing the treatment. The treatment had no effect upon the temperature, as it did not come down under 101° F. in the evening. His weight diminished progressively. This boy stayed at home.

Case 5.—A. E. E., aged twenty-one years, ailing several months, but would not believe anything was wrong with his lungs until he had a hemorrhage on March 20. Had another the next day, and the following one he came forty-four miles on the train to see me and had a very severe one on the train.

On examination, I found dullness in the upper part of left lung, with many moist râles, possibly blood, as he said he could feel the blood coming from one spot. Temperature was 103° F. and pulse 120; weight 136½ pounds. Sent him out to one of the local sanitariums and put him to bed. He had a hemorrhage the next day. Gave him his first treatment of ten grains on March 24. He had his last hemorrhage on March 27. He got heroin to control the cough. On March 31, he got twenty-five grains, and on April 7, fifty, and April 14, eighty, without any reaction at all. On April 17, his temperature did go above normal in the evening for the first time. On April 21, I gave him seventy-five grains. He had a most marked reaction. His face got splotched, heart run up, lips puffed, and he could not speak; fingers got stiff and his temperature shot up to 102.6° F. that evening. Down again next day. I attributed this to stale distilled water, as the next week I gave him seventy-five without the least reaction.

On leaving the sanitarium on May 3, he had gained one pound and a half, the Weiss was negative, temperature normal. I went to his home to give him the next treatment of eighty-five grains on May 5. He gained four pounds in three days after this last injection. On May 12, he came to the office for his treatment, which was seventy-five grains. He stayed all night at a boarding house and went home the next day. He came in the next week and then in eight days, then in ten days, and the last treatment was June 17. His weight at the present time is 148 pounds, three pounds above his weight when well. Weiss is negative. Hemoglobin, 90

on the Talquist scale, a gain of 15 per cent. since May 28. The lungs are clearing nicely. Says he feels as strong as he ever did. He has been taking calcidin, grains two, four times a day, for a month. Is also taking bryonia, echinacea and nux.

Case 6.—Bessie M., seventeen years old, failing for eighteen months, not working for six. Always small and delicate. First hemorrhage in December, 1915. Weighs now 84 pounds, a loss of twenty. Fever every evening, coughs until vomits, appetite fair, no night sweats. First examination April 4, with temperature of 101.2° F.; pulse, 120. Many mucus râles over most of lungs. No discernible cavities. Told the family that I could not promise much from the treatment, and, as it was the only thing that promised the least, it was decided to give it a trial.

First treatment was given on April 18, of ten grains, and on April 25, fifty grains, and the last treatment was given on May 9, of sixty-five grains. She had four injections a week apart, with no appreciable influence upon the temperature, which rose steadily until it reached 105° F. daily. She gradually failed and died on June 4. On April 18, her hemoglobin was 65.

Her veins were very small and difficulty was experienced each time the injection was attempted, the last time most of the solution being given subcutaneously. The arm became quite painful, but no abscess formed.

I have the patients prepare for the treatment by eating little, or, better, nothing in the morning, clean the bowels thoroughly the day before. After the treatment eat nothing for six or eight hours and not drink any liquids. The sucking of a lemon will usually prevent or relieve the nausea. Have plenty of fresh air in the room during the time.

The apparatus I use is simple and is a duplicate of that used by Dr. Henderson, of Astoria, Ore. In consists of a Florentine pint flask, a double perforated rubber cork, one short piece of glass tubing, and one piece of rubber tubing about thirty-six inches long, a shut-off clasp, a slip connection and several needles—22 and 24 size. The short glass tube comes level with the inside of the cork and the rubber tubing is attached to the other end. The long glass tube reaches down almost to the bottom of the flask.

Use six or seven ounces of distilled water and add about half a drachm of sodium chloride to make normal saline. The use of the "physiological normal saline" tablets on the market, containing soda, potash, lime, etc., would likely be better than just the sodium chloride. Add the amount of your salicylic acid and guaiacol solution and warm. Invert your flask, letting some of the fluid flow through the rubber to expel all of the air. Then stop flow. Shake flask so that some of the fluid will run into the long glass tube, and when the fluid is running you can tell it by the bubbles. I use an ordinary face towel as a tourniquet. Clean the skin over the selected vein with alcohol. Insert your needle directly into the vein or along the side of it, and then into it, thus forming a valve. You can tell when your needle is in the vein by the flow of blood, and you can also tell

the color of the blood. Have your absorbent paper handy and you can get your hemoglobin per cent. Slip your connection into the needle, release your clasp and tourniquet, and your treatment has begun. The bubbles in the long glass tube tells you how fast the liquid is flowing. There should be no swelling around the vein. If there is, you know your needle has slipped out and you have to try again.

I advise everyone starting on this treatment to begin with a small dose, say ten to fifteen grains, and double each week until you are giving as high as you want to go—eighty or a hundred. You will hardly scare your patients like I did in Cases 1 and 3. In addition, use the best Eclectic medication you know and you will be well pleased with results. In incipient cases you can promise 100 percent. cures; in moderately advanced cases, 75 per cent.; but in the far advanced don't promise anything but your best endeavors. The best thing would be to refuse them entirely.

Now, please do not ask me for the working formula, but if you want to cure your cases of tuberculosis, Mr. Byron Davidson, a druggist at 1011 West Broadway, Louisville, Ky., will be pleased to fill your demands.

DISCUSSION.

Prof. J. U. Lloyd, Cincinnati: Possibly I may help Dr. Thomas and possibly assist Dr. Helbing in what we may call the chemistry of this problem.

I remember well when salicylic acid was introduced. That was before 1880. I remember that I contributed to the *American Journal of Pharmacy* the first formula printed, giving details of the method of obtaining salicylic acid from wintergreen oil. I comprehend fully the trouble that may come to anyone who attempts to study the manifestations of this most erratic acid. It is very soluble in chloroform and alcohol, but only a few grains will dissolve in a pint of water. Make a solution in alcohol, put it into water, and the acid immediately separates in the form of white crystals. In those days we had much trouble making a solution of salicylic acid for physicians. It was just coming into use, and we pharmacists had to make a lot of experiments in order to discover innocuous materials that in themselves would have no injurious action, and that could be utilized when prescriptions came in for salicylic acid. A doctor would write a prescription and expect the pharmacist to make the solution. We could not put in chloroform as a solvent, we could not use alcohol as a solvent—we must have something in which the menstruum itself would be harmless. Many experiments were made to find a solvent. Someone recommended carbonate of sodium, and next bicarbonate of sodium. This went the rounds of medical journals. I recall how I made the argument that it was making salicylate of sodium and then a solution of that salt, instead of salicylic acid.

One day my good old friend, Dr. Muscroft, came in and said, "Lloyd, what have I given my patients?" I answered, "I do not know." Then he went on to say that he had in his office salicylic acid and bicarbonate of sodium. To a patient he had prescribed them together. "I put them into a bottle, put the stopper on, and handed it to the patient and told him how to take it. In about five minutes the man came back and said, 'Doctor, what did you give me?' 'I gave you a prescription.' 'Well, that prescription

exploded in my pocket. What would have happened if I had taken it before it exploded?'" Of course, the carbonic acid gas had been liberated.

We finally found that acetate of potassium in water would make a solution of salicylic acid, and that was the material long used. It made a soluble salt, just as we have other soluble similar compounds. For example, if you put corrosive sublimate into water, only a trace will be dissolved. Add sal ammoniac and it dissolves freely, making a double salt which is soluble. I have never tried the experiment Dr. Helbing cites, with phosphate of sodium. Sodium phosphate is capable of taking three bases of hydrogen. One of these contains three atoms of hydrogen and the phosphoric acid radical; the next contains one atom of hydrogen and two of sodium; the next contains two atoms of hydrogen and one of sodium. The ordinary phosphate of sodium is a dibasic phosphate. Possibly when the salicylic acid is added to Dr. Helbing's mixture a soluble double salt is produced. Sometimes, however, materials by their simple presence produce actions that will make soluble certain materials insoluble in the menstruum.

Dr. Wm. P. Best, Indianapolis: In discussing this subject last year at San Francisco, I took pains to speak particularly of a solution that has been used extensively in Indianapolis, and there gave you something of the method by which it is combined. That it is composed of guaiacol and salicylic acid, a special solution in glycerine, ten to twelve grains according to our subject. That solution has been used very successfully in the treatment of tuberculosis cases that were amenable to treatment.

The first experience I had with this compound was after having treated one of my patients, who was then very seriously sick and who was expected to die, and to whom I gave very little encouragement. After having taken one dose, which was an ordinary solution, I then began giving her a solution made by Underwood, a chemist of our city, and I am pleased to tell you that after four or five years this patient still lives and is in fairly good health, although she still coughs some.

Concerning the use of salicylate of soda, the question has been asked if it might not be used in solution as well as the salicylic acid itself. Our experiments in Indianapolis will prove that it could be, and with equal success. The first use of that of which I have any knowledge was in Fort Wayne, by a physician there from whom Mr. Underwood obtained the idea, and since then he has made the compound from the salicylic acid and guaiacol and also from the salicylate of soda and guaiacol, the advantage being that with the salicylate of soda the entire quantity may be held in solution. So far as the effect of the two compounds is concerned, we have been able to find no difference; I have used both. I know a number of physicians, of all schools, who in the past few years have become interested in using both solutions, and they say they can find little, if any, difference in the reaction and the end results—and the end results is the thing in which we are most interested.

I have tried the solution as offered by Dr. Mitchell, with very nice results; no bad reaction. I subsequently tried the same patient on forty grains of salicylic acid, and made the patient very sick, probably due to the fact that the medicine was given after a hearty meal. I have found other patients that it did not matter whether they had eaten or not, they were always made sick by the solution. I have another patient in Columbus, Ind., and I started five or six years ago to give her this treatment. She was expected to die, as she is the fourteenth of her family to have this disease, thirteen having died. She was treated without hope of any benefit,

but she has recovered so far that she is able to help with the housekeeping, though she still coughs.

I have treated other patients who died. I have also combined the treatment with inula and echinacea, and they died; I have given others the inula and echinacea alone, and they recovered. The ambulatory cases give the best results. Those in the secondary stage of tuberculosis are harder to cure, but many can be benefited and put upon their feet and made useful citizens, and that is more than you can say in respect to other treatments of which I have knowledge. I think I have some cases that offered no hope, and some of them got well, though most of them died.

My experience leads me to one conclusion, and this may be worth something. That is, whenever you find a patient whose veins are in bad shape from anemia or lack of nourishment you need not expect to have improvement from intravenous treatment. You rarely get even a reaction. When you have to cut down to a vein the patient rarely ever gets better. If the veins do not stand out without cutting the skin you need not expect beneficial results—they usually die.

I have followed this treatment with much interest for several years, with varying results. I have taught a number of men—old-school men—to use it. They take hold of it with avidity. Some have told me that it is far and away better than anything they have ever tried. But it is not a cure-all, and we will be disappointed if we expect that. I have had less good from inula and echinacea than the other. I use an air pressure apparatus, instead of gravity as mentioned by Dr. Mitchell. Your experience will teach you how to get into the vein with little trouble. If you use a strong solution of salicylic acid and guaiacol, you will have a phlebitis, the collapse of the vein making it difficult to find other veins into which you can put your needle successfully.

It is astonishing how much patients are gratified by your treatment, whether they live or die.

Dr. F. M. Andrus, Lincoln, Neb.: It seems to be that it is dangerous to leave the discussion of these papers at this place. The impression naturally is left here that all you have to do is to make up a solution of salicylic acid and creosote and go ahead and treat tuberculosis and you will get results whether you do anything else or not. The general hygiene and diet and care of tubercular patients, along with the intravenous treatment, I think has as much to do with success in this method as anything else. I have seen some of this work and have done some myself, but I always take issue with Dr. Best on anything he says, anyway. This means of treatment of arteriosclerosis has proven very successful.

With the collapsed vein that Dr. Best speaks of, I realize that the patient is in bad condition, but in these patients I have seen some of the most remarkable results from intravenous treatment. And I want to also state that the simplicity of going into a vein with a needle is not so common as might be thought. I have seen experts along that line work for an hour and a half and two hours. I prefer a good vein where I can see what I am doing and put my needle in it and get my solution into the vein. The advantage of the two apparatuses shown here is that in the one you can see your solution going in very plainly. I use the Murphy-Dritt apparatus for the intravenous solution—of whatever kind.

Another point is slowness in giving this solution. I do not think it is wise to give the solution as fast as you can, and I am still at a loss to know how Dr. Mitchell gets his patients home after he gives them a dose. My

patients have real surgical shock, most of them, and they are all sick. I never allow one of my patients to take a solution of this kind without a nurse, and I remain and take care of them afterwards, and I believe it is the safe thing to do. I consider entering the circulation with a solution a major operation as far as care afterwards is concerned.

Dr. J. T. Rankin, Cavett, Ohio: A year ago, last October, I had a patient, weighing 94 pounds, who had had tuberculosis for five years and had been given tuberculin injections. From the microscopical findings I thought the inula compound would be the thing to use and I began with that, and have been very much gratified with the results. The patient in three or four months weighed 116 pounds, and has held that weight. I have several patients at present under treatment, and the statement that the tubercle bacillus disappears with the injection I believe is absolutely true. During the past four or five months, what time I have been able to make tests, it has seemed they have disappeared with one injection. I like the compound much better than the inula injection straight. I have had better results. I have had but one case where I had any reaction from the drug, and that was a case of tubercular adenitis, but the patient apparently recovered. It has been about eight months since the patient was dismissed and there has been no trouble since. I am very enthusiastic about this treatment and would like to hear the reports.

Dr. von Unruh speaks of giving treatments intravenously. All of my injections have been given intramuscularly. In my cases diagnosis was made both by sputum and von Pirquet. I would like to know if anyone has used the Watkins high blood test in connection with this, and what the results have been.

Dr. R. J. Lambert, Chicago: I am very much interested in the discussion, and especially in the inula compound. I have used it in a few cases with real success. In hemorrhage I have controlled it with hypodermic lycopodium, and in glandular tuberculosis I have had success with echinacea and phytolacca. I just wanted to mention these two as they may be of value to use in conjunction with the other treatment.

Dr. H. E. Vitou, South Bend: I want to state that I came to the meeting this year to hear the discussion of these papers this afternoon. I think this society, Dr. Mitchell, Dr. Helbing, and all the members are to be congratulated that this treatment has fallen into the hands of men of our profession who have enough honor and principle about them to come forward and give us a straight explanation of what they use and how they use it. I attended the National meeting in Chicago when this subject was brought up, and I saw physicians that are here to-day crowd around the men and ask them for information that they might know how to treat these people, but now the whole medical profession will be benefited because these men are willing to tell us how and why and where to use it. I have some photographs at home that show some of the cases of tubercular adenitis that were cured by salicylic acid and guaiacol. Every case had been treated after a thorough surgical operation where the glands had been removed from above the ilium to above the sternum. To-day, after five years, the woman is alive. Another woman had had two operations and was getting ready for the third; she received two injections of salicylic acid and guaiacol and to-day she is alive and earning a living for herself and family. What I am glad to see is that these men will come and tell us what they use. I think we are to be congratulated.

Dr. J. D. Smith, Dayton, Ohio: I think this treatment is worth while discussing at great length. I have not used it very much myself, but I want to make one point in connection with intravenous injections. I think the method of Dr. Helbing is the better of the two, because you have your vessel open at the top, you can put your solution in easily, and the solution will not be injured by mixing with the normal saline solution. When you go to give the injection you can use the normal saline solution to get rid of the bubbles; put in a little first and experiment with that, and then use the other solution afterwards. You can get rid of the bubbles, find if the needle is open, etc., and then when you are finishing up instead of washing the solution through the little glass tube, just put in a little saline solution at the last and let it wash everything out.

Dr. E. B. Shewman, Cincinnati, Ohio: Last year in San Francisco I got into a little trouble in this discussion. Since coming back to Cincinnati I have had letters from New York, Pennsylvania, West Virginia, Kentucky, and practically all over the United States, asking me what I thought of Henderson's tuberculosis cure, inasmuch as Henderson is the man who began this class of treatment. I will say to you to begin with that no treatment can have a definite report until five to eight years after the final treatment. If a period of eight to ten years has passed after the final treatment without any symptoms, then, and only then, can you say that your patient is cured. Dr. Mitchell reports six cases, and out of these his mortality is 50 per cent. One case has improved and one case apparently cured. He has only begun on this patient, or possibly is still giving him treatment, and a sufficient time has not passed that he can say he is cured. Dr. Henderson stated he cured 95 per cent. of cases. That was what I took issue with him on—that he did not cure 95 per cent.—that I had used Dr. Baldwin's treatment, which is substantially the same—I believe it all reverts to Dr. Hyer—and that my death rate was 95 per cent. with only 5 per cent. cured.

As to tubercular adenitis, I had a case that I operated and removed every gland I was able to remove, practically cleaned them up—but inasmuch as there are about 300, perhaps I did not get them all. Then I gave the Hyer solution—three doses. She lived six months and died. It did not kill it—the condition went on just the same and advanced very rapidly.

I believe that this treatment is a good treatment, but I wish also to impress on you one fact—that you will always have failures and you should look at the failures, not always at the successes. That is the greatest trouble with us—we look too much at the successes and not enough at the failures.

Some doctors are very cautious about air in the veins, and our textbooks tell us we do have air emboli. I have put lots of air into veins and never had any bad results; so I never worry about air. Air plays no important part, and it will in no way impede the progress of the solution in its way into the vein.

Another point is that in every case of tuberculosis you have a diminishing hemoglobin. I have heard no report here whether the hemoglobin had been increased. Any treatment that raises the hemoglobin improves the patient's condition.

I was very glad to hear Dr. Helbing give us his formula. Last year I asked Dr. Henderson to state his formula, but in a very polite way he told me to attend to my own affairs, that it belonged to him, and if there was any benefit to be reaped he was entitled to it, so we got no report as to what

his formula was. But Dr. Helbing, without any solicitation, has given this formula, and I am sure we are all thankful to him for that.

Dr. E. G. Sharp, Guthrie, Okla.: I wish to re-emphasize one fact that the last speaker brought out in regard to the previous presentation of this subject and the refusal of those who presented it to give formulas. This is a little bit of ancient history, but when Dr. Hyer, of Chicago, first brought out this treatment he gave us no information as to the formula; it was his secret. Later Dr. Baldwin secured the remedy, and still later Dr. Henderson, but in each case they kept the formula secret. What I want to emphasize is the fact that the speakers here have shown no disposition to cover up any formula, but they are all willing to give us all the light they can, and it seems to me that the discussion of any remedy or line of treatment that comes before this body should be without secret formula. That is one thing that we owe to each other and to the profession, to enlighten each other all we can in the presentation of any line of treatment.

Dr. V. von Unruh (closing): Dr. Mitchell did not mention any sputum findings after a certain time. They should be positive. Dr. Shewman mentioned air in the syringe. I do not place any importance whatever on a little air in my syringe. Dr. Mitchell seemed to mention only the incision method. I incise a vein to give a large transfusion; otherwise I enter the vein with my needle without cutting it. Dr. Helbing is very commendable in giving his formula.

Some of the gentlemen said that echinacea compound was used in connection with salicylic acid. I had a very interesting thing happen to me. I used iron citrate with the inula compound of Abbott, and after about five minutes the iron and Abbott's compound had made a tannate compound of the whole solution and I had to throw it out.

Dr. Best spoke of small veins—veins that collapsed. My experience has been that veins that are large enough in the beginning will remain large enough for three or four months, but when you injure both walls of the vein by an incautious stab you will cause phlebitis and the vein will collapse. I have not had much trouble in intravenous work, and I prefer it these days because it gives you quicker and more positive results. In the beginning I did all my injections intramuscularly, but sometimes it is very painful and you get induration there and you have to stop, so now when the veins collapse I go back to the muscles, and in the meantime the vein will come back again. I have given one patient in his right arm, within a length of two inches, thirty-five injections consecutively, and that is practically all the injections he ever had.

Dr. Andrus mentioned the velocity of the inflow. I never inject more than seventy-five minims per minute. You can time that very well.

Dr. Rankin spoke of the disappearance of the tubercle bacilli. I do not know whether I should claim this as specific against all tubercle bacilli. The alkaloid of this drug has been used in England and Germany by mouth for years, and they claim it acts better than creosote and guaiacol. But inula is positively the agent that will deprive the tubercle bacillus of its fatty sheath, and this is the first step towards the destruction of the bacillus. The inula works on the fatty sheath and does away with it, and in that way the tubercle bacillus is exposed to destruction.

I should really be very grateful if the gentlemen would try the experiment with this compound that I have been using for almost five years, so that I have some distinction in that line that others have not. But the individual is only the instrument in the hands of some other force. He

stumbles over a thing as I have stumbled over this. It was an accident, and all I claim credit for is developing and following it up. But I would like to see the profession back this up; for instance, if the president would appoint a committee of men who are connected with hospitals to follow up the cases and give us a careful report next year. I myself count for nothing in this. It is the Eclectic school.

Dr. J. C. Mitchell (closing): I do not like to accept anything that I have not earned. My good friend, Dr. Vitou, covered me with honor this afternoon because I told how to make the solution, but I have not done that. I have succeeded in putting eighty grains of salicylic acid and forty minims of guaiacol in a four-drachm solution, but I am not prepared to tell you how I did it because I have not finished my experiment yet; but if you will notice in my paper I said that in only one case I did not succeed in putting the medicine in the vein; it all went in subcutaneously. The girl lived about three or four weeks after she got 65 grains of salicylic acid and 23½ minims of guaiacol in her cellular tissue. There was no bad effect of the treatment other than a little soreness. The skin was discolored, but no abscess.

Perhaps this phlebitis that follows the use of Hyer's solution and other solutions is because the solution is not free from irritation. Dr. Henderson has been using large amounts of salicylic acid and has never had any phlebitis following. Not one of my cases have developed a phlebitis. The vein will be hard for possibly several days, or a week, but it will all pass away. I always try to use a new vein each time, not because I could not get in any other vein, but because this prevents phlebitis and collapse of the vein.

The apparatus as it stands before you costs possibly 75 cents, or 80 cents. I do not know the cost of the other apparatus.

The amount of salicylic acid in this solution I can guarantee because I put it there myself. I weighed out 100 grains of salicylic acid; I dropped in 50 drops of guaiacol; I put in 55 minims of glycerine; I used a solvent in a small amount of water, and the result requires water five drams. I mixed it up in a cup because my mortar was broken. I can guarantee it, for salicylic acid is not volatile if you do not use heat and there was no heat used at all. If you use boiling glycerine it is an irritant and you will have trouble with your veins.

Dr. E. B. Shewman: What is your solvent?

Dr. Mitchell: I am not prepared to give the formula yet; I have not finished it. When I am sure that it is a stable solution—this has been made up about ten days—then I will consider giving my formula. It is not any formula that has been given this afternoon.

I have used Lilly's true salicylic acid, but I do not like it; there are one or two black specks in every ounce. Merrell's true salicylic acid is free from black specks. I have never tried Lloyd's. I use salicylic acid to cure rheumatism, but, in fact, rheumatism is the result of excess of meat diet. Would it be possible to suggest that consumption is caused by an excess of meat affecting the lung—the same result as we have in the fibrous tissues? I hope some day to have a sanitarium of my own, and it will be vegetarian. Dr. Baldwin tells us to use lots of fat and water. The fat is fuel food and these patients needs lots of it, and because they have temperature the fat is soon burned up.

Dr. Henderson has his patients come to his office; they are given the injection and get up and walk home, where perhaps they have to go to bed

and stay six or eight hours. One case I saw walking around the street an hour after his injection. These cases might have had no shock at all except the reaction. If we had them in a sanitarium we would keep them in bed, but when they can not pay the sanitarium expense then you have to run the risk of giving them the injection in your office and letting them walk home and stay in bed.

This Weiss reaction is more successful than the diazo; it is easily followed. You have two tests tubes the same size; fill one one-fourth full of urine; add three times as much water and mix; pour one-half in the other tube and then drop three drops of 1 to 100 permanganate solution in one tube. Take it up and hold it against the other, and if you have a yellow color in the tube where the permanganate is you have a positive Weiss. If there is no change in color it is negative. I examined the urine of a man who died three days afterwards, and had a positive Weiss and a negative diazo. This Weiss you can make in a few minutes.

Dr. Shewman spoke of Dr. Henderson's statement that he had 95 per cent. cures in tuberculosis. He has had, in this way: He examines his cases very carefully before he starts in on them. If they are far advanced he refuses them. The cases I had I would not have taken, if I had had a choice; but I wanted to give the treatment a severe test, and it did not do three cases any good. The hemoglobin in both these cases that are still living has increased a good deal. Case No. 5, the hemoglobin has increased from 70 to 90, and the woman increased from 70 to 80 in one month.

Dr. H. H. Helbing (closing): I was very glad, indeed, to hear Prof. Lloyd's talk on the chemistry of these substances, because I had inquired from Washington University, at St. Louis, and they did not seem to know, and, a chemist at Meyer Bros., a man that Dr. Stephens knows and who is very well up in his line, did not know exactly. Prof. Lloyd's explanation that it is a double salt of phosphoric acid and salicylic acid, to my mind, makes it an ideal solution, because they are both excellent tonics. Whether in the blood they would be as effectual as in the stomach, I do not know.

The solution I have used does not irritate. I have never had any complaints, and I have had no trouble in introducing the solution in practically the same spot. Dr. von Unruh spoke of allowing the solution to run slowly. If you have a nervous patient and let the solution run rather slowly, you will probably not be able to finish the operation, the patient will be nervous, and, therefore, the solution will not have the desired effect. If you introduce it too rapidly there is apt to be more shock to the patient, so that my experience is that from fifteen minutes to a half hour is probably the best period of time in which to introduce it.

In regard to not giving the formula when reading papers; in my opinion, we should not allow any papers read before this Association unless the writer of that paper gives the formula and exact method of using it! (Applause.) They would not allow such a thing in the American Medical Association, because it is unethical for physicians to do such a thing. Dr. Mitchell has a reason; he has not experimented enough to know the effect of the solution. A few months ago I wrote an article for Dr. Ellingwood's journal, but, at that time, I had not used it enough to know that I had the correct solution. But I think, after a man has had experience with his remedy and knows just how it will act, if he does not reveal it he is unethical and not fit for membership in this Association. That is my candid opinion. I was asked not to give this formula, that it would do harm by getting into the hands of inefficient men, but I think that physicians that are not capable

of using this treatment have no business practicing medicine. A physician who is not skilled enough to give an intravenous treatment should not be in the profession. What if we do have unfortunate results sometimes? The disease is practically incurable as far as any known means to-day, other than Dr. von Unruh's remedy and this salicylic acid and guaiacol treatment. We have a grand opportunity to gain publicity for the National Eclectic Medical Association if it were possible to get the results of this afternoon's discussion, or the salient features, in the papers. The American Medical Association uses the daily papers and the press for that purpose, and it is stuff like this that the papers like to get; they will gladly write it up, giving the credit to the National Association, to the individuals. To my mind, Dr. von Unruh's work and the work that has been done along this line is very valuable, and if it is possible to get it into the papers and get it before the laity there will be more inquiry in regard to it on the part of the laity from the family physicians. The two treatments in conjunction, to my mind, ought to result in the cure of any curable cases of tuberculosis.

I believe there are no other points that have been brought up that have not been answered.

SCIENTIFIC STUDY OF OVER TWENTY-FIVE HUNDRED HYPODERMIC INJECTIONS OF THE SUBCULOYDS. NO INFECTION.

Richard J. Lambert, M.D., St. Charles, Ill.

At the request of Prof. John Uri Lloyd, I have made a series of observations to determine if the subculoyd preparations, as prepared by Lloyd Brothers, and used under ordinary precautions, would cause an infection at the site of injection. My observations have covered a period of two years. During that time over one hundred and fifty bottles of different subculoyd preparations have been used. My observations and records have been conducted in general practice; in Jefferson Park Hospital, Chicago, and St. Joseph's Hospital, Elgin, Ill. The hypodermics have been administered by Dr. Lowry, Dr. Ira Robertson, Dr. Peters, Sisters of Charity, nurses and myself.

The bottles have been opened in the hospital and allowed to remain in the medicine case from one week to a month and have been used on a variety of cases. In private practice, the bottles have been opened and carried in an ordinary medicine case, and used directly from bottle to patient on all kinds of cases. A number of bottles have been allowed to stand on the shelf in the office for several months and used on different patients and cases. One bottle was opened at Springdale Kennels, one-half given to a dog, the remainder left at the farm for three months, then administered to a patient. In all, I have used, and have personal knowledge and records of, over 2,500 hypodermic injections of the subculoyd preparations without a single infection.

I find most patients complain of pain at the site of injection, but this soon passes away in the average case. Some will experience pain, soreness and swelling, which will last from a few hours to several days. Usually

there is some induration, due to the distension of the tissues with so much fluid. This often leaves a hard lump that at times remains several weeks, but will eventually be absorbed.

I have a record of one patient receiving over seventy-five hypodermic injections of the subculoyd phytolacca and echinacea for glandular tuberculosis of the neck, with good results and no infection. These injections were given in the arms of the patient, and the medicine was taken from bottles opened in the office. Another patient with general tuberculosis, including lungs, intestines and kidneys, received seventy injections of echinacea and inula, with no infection. Several typhoid patients each received from eight to twelve hypodermic injections of echinacea, with no infections. A number of puerperal infections (some patients that had been confined by midwife), also several miscarriage cases with a subsequent rise of temperature, received from two to eight hypodermic injections of echinacea with good results and no infection. A large number of patients with streptococcic and staphylococcic infections following wounds of varying severity and different causes, as well as erysipelas, have received hypodermic injections from bottles that have been left open on the office shelves or in medicine cases. These cases received from one to five or six injections, all taken from the same bottles that have been opened for varying lengths of time.

In the Jefferson Park Hospital, under Dr. Ira Robertson and Dr. Peters, subculoyd echinacea was used in several series of cases with no infection; an example of the tests made would be:

SUBCULOYD ECHINACEA.

The cases treated:

Swan.—Adult, diffuse cellulitis of leg, twenty minims, twice daily.

Laverty.—Adult, infection of hand, twenty minims, twice daily.

Gallo.—Aged eighteen, gangrenous appendicitis, fifteen minims, twice daily.

Lubilinic.—Aged thirteen, pus appendicitis, fifteen minims, twice daily.

No. 1.—Bottle opened October 15, used on all these cases, emptied October 17; no infections.

No. 2.—Bottle opened October 17, partially emptied Octber 19 and allowed to stand in drug room; used on above cases; no infections.

No. 3.—Bottle opened October 19, emptied October 21; used on above cases; no infections.

No. 4.—Bottle opened October 21, emptied October 23; used on above cases; no infections.

No. 5.—Bottle opened October 23, partially emptied October 25; used on above cases; no infections.

No. 6.—Bottle opened October 25, emptied October 28; used on above cases; no infections.

No. 7.—Bottle opened October 28, emptied October 30; used on above cases; no infections.

No. 2.—Bottle used during November and December on two cases of infections of hand following cuts and bruises; no infections.

No. 5.—Bottle used during November and December on tuberculosis of leg; no infections.

At the St. Joseph's Hospital a large number of cases were treated, some bottles remaining open in the hospital as long as six weeks. No infections were ever met, and a large variety of cases were treated.

Other subculoyds than echinacea were used also during our observations. The subculoyd lobelia was used in a number of asthmatic cases, meningitis, infantile convulsions, diphtheria, etc., with no infection. One child with diphtheria received eighteen injections in the hips of subculoyd lobelia, with recovery and no infection. Subculoyd apocynum was used in several cases of sciatic rheumatism, with benefit and no infection. In using subculoyd veratrum for eclampsia, no infection was found. In numerous hypodermics of subculoyd lycopus for hemorrhage and passiflora for nervousness, no infections ever resulted.

The subculoyd thuja gave good satisfaction in hydrocele, hemorrhoids, and in several condylomatous growths, with no infection. Lloyd's ergot and subculoyd ergot never have caused infection during their use of several years for postpartum hemorrhage. There has been no infection in either arm or leg following any hypodermic of subculoyd inula or of subculoyd inula and echinacea after using fifteen bottles both in the hospital and in private practice. So I can say that I do not think any physician need have any fear of producing abscess or infecting any patient by using the subculoyds under ordinary antiseptic conditions. I always use a glass graduated hypodermic syringe, which is cleaned thoroughly with alcohol before and after every hypodermic injection. I also thoroughly cleanse the site of injection and wipe off with alcohol. I find it advisable to apply a hot pack immediately after giving the hypodermics; this relieves some of the pain and also assists absorption.

In this paper I have tried to confine my remarks to the infection and not to results obtained, as that would require to much space and time at present. Sufficient to say that no physician using the subculoyds, as indicated, will ever regret using them.

DISCUSSION.

Prof. J. U. Lloyd, Cincinnati, Ohio: This paper of Dr. Lambert's is, to my mind, one of the most important papers that has come in connection with my work in pharmacy. I would like to give you the story of the making of the first plant hypodermic:

About thirty-five years ago, I was called from my laboratory to the office of Prof. Wm. H. Taylor, who was the gynecologist of Miami Medical College and had charge of that work in the Cincinnati hospitals. He said to me, "Lloyd, there is a young man on Seventh Street who is dying of hemorrhage and I can not stop the flow of blood. Can you make a preparation of ergot that I can use hypodermically?" I said, "Doctor, I

can make it, but how soon must you have it?" He said, "The quicker the better. No remedy seems to affect the hemorrhage." I told him to come back in a half hour. I happened then to be making a batch of ergot, and it was in condition so I could work it. I immediately separated the inorganic irritants from some of it and made it up with glycerine. When Dr. Taylor came back—there may be some of you who remember Dr. Taylor, a fine old Quaker—he said as I handed it to him, "Lloyd, if this does not save that young man there is no hope." I told him it was just an experiment, that I had done the best I could. Within two hours Dr. Taylor was back and called me down from the laboratory again, and said, "Lloyd, that medicine acted so promptly that before I had given him (I forget how many hypodermics) the flow of blood had ceased." I regret that I am unable to tell you more about that case. I am not even aware where the flow of blood came from. But that was the first—so far as I know—hypodermic plant preparation that had ever been used.

Now, young people, I am opposed to the hypodermic system of medication. I am opposed to it because it seems to me so cruel. I can not myself tolerate the thought of a doctor coming and sticking a needle into my arm to treat me for any trouble that can be cured by giving me something to take into my mouth. And perhaps my prejudice in that direction has done our school a great wrong by reason of the fact that it has kept me from accomplishing what I should have accomplished for our people years ago. The hypodermic preparation of ergot was used in quantities. I made it in bulk for the hospitals of Cincinnati, for Dr. Taylor and his associates, and they have recommended it, but I never pushed it, feeling that the remedy could be taken into the mouth and answer all purposes.

There came a continued demand for hypodermic medication; there came also this fear of infection that has swept as a wave over the country; there came about that time the ampule, whereby a single dose of medicine could be put into an ampule that you break when handling—a very expensive method of medication; came the demand for hypodermics in plant preparations. Many here, I take it, can remember writing me and hearing from me in reply with my arguments, refusing even to make them for years. I can name you hundreds of physicians who wrote me asking if I did not do a great wrong to them and to me by refusing, until finally I was driven to it by those who knew what they wanted better than I did. And then I turned back to this old hypodermic ergot for a menstruum; but it does not follow that because a menstruum is satisfactory with ergot it will be with other preparations. It does not necessarily follow that an experiment made thirty-five years ago would answer with other drugs; no two are alike. Experimentation was necessary. Preparations had to be sent to physicians practicing medicine, to men that I knew to be qualified to test the preparations, and I suppose there are men in this room who have received specimens from me, so that we could find out what the good or ill effects were. It is the ill effects we have to look for. So careful are some manufacturers of serums and vaccines that they will not even trust you with their syringe to put the dose in, but put the dose in the syringe themselves. Now listen. I want to say to you that with the medical preparations like morphine and cocaine and other things that the modern physicians of the country meeting disease carry in their syringes, naturally there have been hundreds and thousands of injections, and, I take it, with very few serious infections. I doubt if you would find very many who take ordinary care of the syringe. So, in reply to inquiries about infections, I said that it may not be the syringe, it may not be the

doctor, it may be the animal serum that makes this trouble. It seemed to me with our plant preparations there would be no necessity for these ampules—an extra expense to the doctor.

So I commenced a systematic experimentation with plant preparations and menstruums to see if it could be that these remedies could be put into tablets and the doctor could put the tablets in his pocket and use them without danger of serious infection. It was my business as a pharmacist to accomplish that, and, as a result, they were put on the market for general use. I corresponded with doctors all over the country who had used these preparations, and I found no bad results; four said they had had slight infections, but not serious. Naturally, Dr. Lambert was in a position in Chicago to use these remedies in the hospitals (we have them in Cincinnati, but I preferred to go where I was not so well known), and so I asked Dr. Lambert to see what these remedies would do under the most trying circumstances. I felt that the hospital is the best place to try these remedies, and this is Dr. Lambert's report. It seems to me that it is a very exact report. It seems to me that manufacturing firms could take that report and follow it, as a rule, and that with preparations according to that method there would not be any untoward effects under ordinary circumstances.

That paper was sent to me two weeks ago in Cincinnati. I went over it very carefully. Prof. Beall, editor of the *Journal of the American Pharmaceutical Association,* happened to be in my laboratory at that time, a man more learned in pharmacy perhaps than any other man in America. I showed him the paper and he said, "Dr. Lloyd, that paper should not die with Dr. Lambert's work; it should be given to the world. Lines of investigation like this are of general interest and value to the profession of medicine and pharmacy, and you should see to it that Dr. Lambert makes it public in some association where the whole world can get it." Otherwise it would not have been given to the world, I am frank to say. I listened to Prof. Beall and the paper is here. I did not know he was going to read it here.

I surely think, from the other reports that have come in, that I shall continue plant pharmacy in this direction, but I want to say to you young people that if ever you are called upon to treat me, use the hypodermic syringe as a last resort, or you will have a fainting man on your hands as well as a sick one.

I feel complimented in having been asked to discuss this paper, and I want to publicly thank Dr. Lambert. His work will go on in pharmacy and medicine, and the manufacturers themselves will have the benefit of the result of Dr. Lambert's work as well as the members of our profession.

I think Dr. Dawson's paper should have been discussed first, and I apologize to him.

Dr. B. E. Dawson, Kansas City, Mo.: I wish to add my testimony in regard to this paper. I think it was about five or six years ago that Dr. Ellingwood wrote me, saying, "I wish to advise you to tell your anesthetist to keep a bottle of lobelia in readiness in case a patient goes down under the anesthesia." I took the suggestion, and I have a bottle of subculoyd lobelia in the operating room all the time and a large syringe ready to use it—which I have done several times. It is simply marvelous when a patient has apparently quit breathing and is pulseless, a drachm of subculoyd lobelia injected will bring that patient to life. I remember standing by another physician who was giving an anesthetic and the pa-

tient "went dead." He began to work with the patient, and I asked if I should inject lobelia. He said yes, and I did, and in a few seconds the patient began to breathe. He afterwahds asked me what it was and was astonished at the promptness with which it acted. That bottle is not used very often—it stands in the operating room and I am satisfied it has lasted eight or nine months, and we have never had any indications of infection from it.

Dr. H. E. Vitou, South Bend, Ind.: During the last six or eight years we have been using straight specific medicines hypodermically; now we have the subculoyds. Is there any difference between the specific medicine lobelia and the subculoyd except the absence of alcohol?

Prof. J. U. Lloyd, Cincinnati, Ohio: One trouble is that specific medicines, as a rule, are highly alcoholic. The crude material used with one menstruum may not answer for another. So the process of making the specific medicine menstruum has been studied out with each separate plant, one after another. Restudy for those plant hypodermics must be made as though the corresponding specific medicines had not been studied out. Every day I get letters from doctors asking me to make a hypodermic of some drug that I can not make satisfactorily to myself. For example, one desired hypodermic cannabis indica. Although I can make the specific medicine, I declined to make the subculoyd, because strong alcohol is a necessity as a solvent. For more than twelve years I also declined to make subculoyd echinacea. Why? Because I had made all the plant hypodermics without any alcohol whatever. I had determined that the active constituents of echinacea would not dissolve in water after they are separated from the plant. You can take the characteristic constituents of echinacea in alcoholic solution, put them into water, and it turns milky at once; water will not dissolve it. In order to test whether I could make a subculoyd echinacea, I had to determine whether or not I could put any alcohol into the preparation. Dr. Nathan Rosewater, of Cleveland, who had large experience in hospital work, made the investigation in Cleveland, and I have his letter in which he said that even in cancer about 18 per cent. alcohol can be applied, but not 22 per cent., and that I could put 20 per cent. alcohol in a preparation that needed the alcohol to preserve it, as is true of echinacea. When I got this report from Dr. Rosewater I was willing to favor physicians with subculoyd echinacea.

Yesterday, Dr. von Unruh referred to the fact that the alkaloid of inula had been used by the Germans. Go back to the early days of Eclecticism if you wish to find the use of inula. In 1852, a compound syrup of elecampane was used in pulmonary diseases. It is an old remedy, and was one of the chief medicines of the old Eclectics. Dr. King would smile if he were here, to be told inula had been recently "discovered" in Germany. Indeed, in the very early editions of the *American Dispensatory*, Dr. King defined *inulin*. He gave in its uses the treatment of *chronic pulmonary troubles*. One of Dr. King's favorite remedies was compound syrup of hoarhound, which he employed and commended in obstinate cough and pulmonary affections generally. Indeed, its common title was "Pulmonary Balsam." Permit me to call your attention to this record, because of the fact that corroborative evidence is good evidence, and I know of no better evidence for the treatment of disease than by carefully watching the action of remedies that were used in the old times on the patient at the bedside. I do not know, however, that this drug, or its compounds, were ever commended to *cure* consumption.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

H. A. Shafor, M.D., Detroit, Mich.

It is now a period of about twenty-five years since the idea of medical inspection of school children was brought forth. For a very long time there was no perceptible progress along this line, and it is only within the past eight or ten years that it has developed to any practical degree. This, like all other advanced ideas in public health matters, meets at first with considerable opposition from both physicians and the people at large, as they were prone to presume that a limited few were assuming undue authority and intruding upon the rights of the profession and the personal affairs of the people. I believe, however, that at this time an entirely different idea prevails in the minds of the people. Especially so in cities where the system has reached a greater degree of perfection.

While the most important thing to any person, adult or child, is good health, it seems strange that we are so slow to indorse public health measures and so prone to seek advice from unreliable sources and fake nostrums. However, the law of self-preservation is so strong, it may account for this condition of affairs, to some extent. It seems also true that the people in general are inclined to favor the mysterious forms of health security. We recall the historical story of the search for the fountain of youth, by De Balboa, has resulted in other important discoveries. However, the attitude of the people at the present time is different from that of the past. The man of affairs to-day is he who has the mentality, backed by the strong physical body to work and accomplish success as a result of his own efforts. And it is not he who designs fashionable clothes and arranges the styles for a few society people. Work to-day is honorable and idleness a disgrace. Hence, it behooves us to put forth every available effort to safeguard the children, thus giving them good strong physical bodies and naturally better possibilities for mental development.

I think we will all admit the importance of a strong physical body for the child, and the importance of the up-building of the body to allow for the application necessary for mental development. We might simply mention the great handicap of defective hearing or vision in the growing child seeking an education. This defect may be so slight as to escape the notice of the child's parents, though they may be well meaning and able to provide the necessary treatment, if they are only aware of the condition. Next to the mental capacity, they are the most important. We are told that of the twenty million school children in the United States, fifteen million have some eye, ear, throat, or nose trouble. So we can realize the great demand for some system of getting in touch with these defects.

Undoubtedly, the medical inspection of schools by competent physicians would be the best way to accomplish this, but it is a very difficult thing to do, from the fact that the physician devoting his time to

such work naturally demands compensation, and, in many States, the school funds are not adequate to meet this expense. On the other hand, there is more or less jealousy on the part of the physicians not employed in this work, and they are out of harmony with the idea, and sometimes complain that it interferes with their practice. And again, some people object to their children being examined by anyone other than their own family physician, regardless of the fact that said family physician has allowed little Willie, who is a mouth-breather, to go on with his adenoids until his mentality was impaired and he had dropped a grade or two behind other children of his age. Then there is the child who, through near-sightedness, is unable to see the blackboard and other schoolroom appliances, and finds it difficult to make his grades. Also there is the one who is far-sighted and has intense headaches that grow worse in his vain effort to see small print, even forcing him to give up entirely, unless provided with glasses. And just as undesirable and useless conditions exist, because of defective hearing, due to the presence of adenoids and diseased tonsils. These are but a few of the serious defects that such a large percentage of school children endure.

The system of school inspection in Detroit has developed wonderfully in the past few years. About ten years ago it began under the direction of the health officer with a limited number of physicians who contributed their services. From that it has gradually developed into a perfected organization, at the present time employing thirty reputable physicians and twenty-seven nurses. In the dental development there are five dental inspectors and ten dental operators.

Quoting from the last annual report issued by the board of health, we note the physical defects as follows:

SCHOOLS.

Physical Defects.	Recommended	Corrected	Treating.
Vision	209	140	13
Hearing	20	9	0
Nasal Obstruction	169	84	0
Tonsils	407	112	0
Deformed palate	6	0	0
Pulmonary Disease	11	3	0
Cardiac Disease	8	0	0
Nervous Disease	9	3	0
Nutrition	18	9	0
Orthopedic Defects	1	3	0
Skin	28	28	1
Cervical Glands	4	0	0
Phimosis	10	0	0
Mentality	4	0	1
Miscellaneous	7	5	3

Exclusions.	Excluded	Recovered	Treating
Conjunctivitis	7	5	0
Chickenpox	4	2	0
Impetigo	46	58	5
Scabies	28	8	2
Ringworm	5	6	0
Pediculosis	184	180	8
Diphtheria	4	2	0
Scarlet Fever	0	0	0
Smallpox	0	0	0
Measles	25	14	0
Mumps	3	3	0
Whooping Cough	2	2	0
Tonsillitis	70	65	0
Miscellaneous	24	19	0

Referred to	
Family physicians	465
City physicians	11
Board of Health—Tuberculosis Clinic	13
Dispensaries	283
Other organizations	96

This does not include a record of much service rendered by the nurses who go to the homes of some of the children where it is necessary to stir up the interest of the parents by personal appeal and advice. But it does show the great number of defects that would be otherwise overlooked until more serious conditions have developed. Also that a large percentage of the cases were referred to and treated by the family physician, and those who had no family physician, and perhaps no funds to secure services of a physician, were taken care of in the public dispensaries. In fact, where these defects are discovered by the school inspector, he issues a card to the parents or guardian of the child, mentioning the defect and directing them to their family physician. The intentions are good, the motive is right, and we should all do what we can to further and perfect this idea.

I noticed a report of an eastern State that has appropriated $50,000 for conservation of fish and game, and have made no provision for the inspecting of school children, so we may expect better fish and game than children from that source. But even if it does cost a little self-sacrifice and a little money, it would be worth it all and many times more, if only one defective child were made normal, or were saved from a fatal infectious disease. I say it would be worth it and many times more if it were your child.

DISCUSSION.

DR. J. D. ESTELL, Cincinnati, Ohio: In our city the case is referred to the school examiner; he makes his diagnosis, and if your diagnosis is contrary the principal tells you that the school physician is the one whose diagnosis must stand. In tonsillitis I have frequently had cases referred to me where they were advised by the school physician to have the tonsils removed, and yet it was not advisable. I think the family physician is the one that should control his patients.

I think another danger is in having children examined by physicians that they do not know. Children have been examined in Cincinnati—young girls—and it is bad enough when the child knows the physician. One case I had where the child was examined right in the schoolroom, examined privately, and was exposed, and the principal was there at the time. There is danger in many ways, and I think the family physician should watch his own interests.

DR. JOHN P. HARBERT, Bellefontaine, Ohio: I would like to say a word in regard to eye, ear, nose and throat. I would like also to enter some objection to the sentiment that Dr. Estell brings forth. That must have been a very unusual case where a girl was exposed and examined in the schoolroom, but, of course, it is in the hands of the family physician whether such a man should be removed.

As to eye, ear, nose and throat, I have had the same experience as every other man in this line of work has had—cases brought to you that have been in existence for years, and the family physician has not recognized it. The facts seem to be, in a large majority of cases, that the family physician does not know, or does not take the time to examine and find out whether the child has adenoids, or defective vision, or defective hearing, and so the cases have gone along for years until finally detected perhaps by the school examiner, and a little note sent home with the child, saying this child has adenoids and they should be removed, or this child has enlarged tonsils, or defective vision—any of which interfere with his progress in school work. I feel that in correcting this we are rendering a service not only to the child, but to the parents and to the State. We have heard something of State medicine, but I am not at all sure that we Eclectics want to go on record as against everything.

It seems to me that we are opposed to too much. I remember that we did not accept the germ theory of disease for a long time, and to-day in certain localities our doctors tell us that their patients come in and say, "You Eclectics do not believe in antitoxins, do you?" I believe as a school we should not be against the medical examination of school children. I believe that the real objection is that we do not happen to be appointed school examiners. In the town where I practice there is another man who is in the ear, nose and throat line who is the examiner in one of the largest schools in the city, and, while he may have gotten an occasional case that he would not have gotten if he had not been the examiner, the good that has resulted from his examination, both to the children, the parents and the State, has been very much more than any loss I might have suffered. I believe the State will take more interest in its children than before. I believe we are going to have appropriations along this line as well as appropriations to improve certain breeds of swine and cattle. We spend thousands of dollars to eradicate hoof and mouth disease in cattle, but how much to eradicate defective hearing and vision in children? I think from an economical standpoint the State will give more consideration to this, and I feel that as individuals and as a school of medicine we

ought to get back of it and not go home feeling that our association is going to stand in the way of progress along this line. I want to congratulate the doctor on his paper.

Dr. Estell: I would like to ask Dr. Harbert what would render the school physician more competent than the family physician to pass on a case? Where does he get any better knowledge?

Dr. Harbert: I do not understand that the examiner for a school has to prove that he has certain qualifications before he assumes the office—there are no requirements that would prevent an incompetent man being appointed to this position, but I believe Dr. Shafor will agree with me that there are few mistakes made. There is no reason, however, if we find a man is incompetent, that he should not be removed in the interest of better health for the children.

Dr. Geo. E. Howard: I do not think it is fair to the family physician. Here is a family physician, but the children have not been sent to him. I had a case of a child who had been sent to school, his throat examined, and enlarged tonsils found. I did not feel I was to blame and yet I was rebuked. The family physician is not to blame, for he has not seen the children.

Dr. Carll S. Mundy, Toledo, Ohio: I think this is a help to the family physician rather than against his interests. It is a fact that a great many of these children who have large tonsils, defective vision and hearing have never been sent to the family physician. It is not his fault that he does not know it, but, nevertheless, the fact remains that the children are defective. The school physicians are not permitted to recommend that these children come to them. I think you will find in every city that they are strict about that. The nurse makes out a card suggesting what the trouble is. As a rule, definite diagnosis is not made. Of course, in a case of diphtheria a diagnosis is made that can not be questioned, but, as a rule, these children are sent home with a card stating that their tonsils are enlarged and are recommended to go to their family physician. That is a help to the family physician and not a hindrance. I think we ought to recognize that fact.

Dr. F. M. Andrus: This subject has been a cause of discussion for a good many years. I have an article I clipped from the *Chicago Tribune*, in which Dr. R——— says that the statistics show that 40 per cent. of the people are seen during the year; some ten millions of these are wage earners, and 25 per cent. of these are seen every four weeks during the year." Here is a class of people that we as general practitioners fall down in diagnosis. How many look over the family to see what the general conditions are? If we were hired to take care of families during the year, no doubt these particular conditions that are found by the school examiners would be discovered and remedied. I am heartily in favor of the school physician. A number of years ago I did not like the idea; I was afraid it would result in some of my patients being taken away, but since I have looked at it in the proper light I find it does not affect my practice at all.

Dr. H. A. Shafor (closing): I really do not see how it can do the family physician any harm. These conditions are existing and these children are going about with these defects, and a man can not ordinarily be expected to look over the whole family every time he is called in. When these children are discovered they are sent to the family physician. If he can reduce adenoids or remove tonsils, or do any other necessary surgery, there is no time limit when the thing must be done.

Take measles, the most infectious time is when the child is coming

down, and yet sometimes we do not see them until it is so late that others have been infected, while the school examiner has a chance to see them from the first. I can not see anything but good in this system.

THE PATIENT.

B. E. Dawson, M.D., Kansas City, Mo.

In my college work, as teacher, I have endeavored to impress upon the students the importance of considering the patient in their therapeutic applications. In my early training I received very meager instruction concerning the patient; it was almost wholly about disease. Not until I began to study Eclecticism did I realize the inadequacy of my methods. When he enters the sick room the physician should have vividly before him the patient as well as the disease.

There are no two individuals exactly alike in any phase of life. While there are sometimes idiosyncrasies, there are individualities present in every case. These when properly observed may spell your success as a practitioner. When you treat all cases of any one disease alike, you invite disaster to stamp your efforts.

It would be ridiculously foolish if all employes of the government, in the army, navy and postoffice, were furnished with clothes of the same size, shape and color; the fat man, the slim man, the short and long man, the private, the officer, each received a suit like the others. Why not? They are all men, they are all in the employment of the government and receive pay therefrom. It is almost as foolish, but with far worse results, to use a routine treatment for each disease. The mechanic, the merchant and the lawyer reckon with individual characteristics in transacting business, why not the physician?

First, we should look out for idiosyncrasies. What is food for many may be poison for some. I had one patient who could not eat eggs. Even cake or ice cream, containing eggs, would produce an aggravated case of urticaria in two hours after eating. The same result more often follows the eating of strawberries with some individuals. I have had several patients where quinine had the same effect. One case in whom a few doses of the triple arsenates, containing one sixty-fourth of a grain of quinine, caused a violent rash. Opium would purge another patient of mine,

This is why most books on diet are unsatisfactory. A German will need his sauer kraut, cabbage and bacon, while they would kill an Irishman; he needs potatoes. Our erudite highbrows tell us much about proteids, carbohydrates, nitrogenous foods, etc., which, when stripped of the beautiful drapery of verbiage, in which it is clothed, presents some theories and a few facts which are worthy of careful study, but often fail and disappoint us in their practical application.

There is an individuality of the ego that demands our closest scrutiny. We must reach him in some way if we expect to effect a cure. We must make him sit up and take notice, or we will utterly fail in our efforts to

cure or relieve. He is the fellow who dwells in this body-temple and does all the curing. Do you doubt this statement? Then try your skill on a dead body. All the organs, vessels and tissues are there intact; only the ego has moved out. Give him medicine, electricity, massage baths, Christian Science, or what not. You get no results. Why? The fellow who does the curing is not at home.

The ego in one individual will respond to the slightest mental suggestion, while in another he will be indifferent to the most heroic bombardment of therapeutic artillery. We do not all take things alike. Not every one exposed to a contagious disease will take it. Place fifty little girls of the same age in a room, and give to each a doll, which is the exact duplicate of the other dolls. In one hour take these dolls from them and watch the effect. Will they all act alike? You have treated them all alike, but the effect is very different. One will go into a tantrum, kick and scream, as if on the verge of insanity; another will turn her face to the wall and pout; another will fight you; another will laugh, while another will be wholly indifferent, and so on through almost every phase of manifestation. Can you tell why?

Bacteriologists tell us that five things are necessary to sustain life and propagate germs—heat, moisture, food, a certain gaseous condition and a certain chemical condition. This is true in the laboratory, but a sixth is required in the human system, which, for want of a better name, I will designate as susceptibility. This, and this only, will explain why we do not all take things alike. This is why medicine is often referred to as not a science; its results are so uncertain; this is why I say it is such a perfect, deep, complicated science, that but few of us have touched only the hem of her garment.

Let me illustrate what I mean by treating the patient instead of the disease. I am called to a home to see two young men, brothers, down with typhoid fever. I enter the first room, and Bill, a plethoric, a dark-complexioned boy, with temperature of 105° F., pulse 90, full and bounding; you can see the bed vibrate with each pulsation, the pupils are dilated, he is in a deep sleep, requiring some effort to rouse him; his tongue is a dark red, and heavily coated. I prescribe for him and pass into the next room to examine John. He is wide awake, on the alert, startles at every noise. He is light complexioned and anemic; temperature, 105° F.. pulse, 120, and small or thready; pupils contracted; tongue, pale and slightly coated. He has the same disease as Bill, was infected from the same source and living in the same environment. Shall I prescribe the same as I did for Bill? I would have done so in my early professional career, but would regard it as criminal to do so now.

The physician, above all men, should train himself to be a close observer. He should also be an investigator. When he enters the sick room all the five special senses should be bristling with interrogation points.

The National Eclectic Medical Association

QUARTERLY

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THE NATIONAL.

The forty-sixth annual session of the National Eclectic Medical Association was held at Hotel Breakers, Cedar Point, Ohio, June 20-23.

The National was the guest of the Ohio State Eclectic Medical Society. The editor has followed the wanderings of the National since 1887, and we feel that the past session was one of the most enjoyable of any ever attended. The session was not only well attended, but was marked with good fellowship and enjoyment. We personally feel that the hard work of the retiring president had the desired effect, and he can lay down his labors with the feeling that his efforts were crowned with success.

Cedar Point is an ideal place for a meeting of this description, and the physicians in attendance seemed to think so also, as many, in fact, most of them brought their wives and some their families with them.

The next meeting will be held in Nashville, Tennessee. Let us begin to make our arrangements now to attend the coming meeting in the Southland. M.

A CALL.

Another year for the National Eclectic Medical Association has passed into history, and the question for us to ask and to answer, have we individually done our best?

A review of the year will reveal that much personal work was done by the officers and members, and all the past year has been one of progress.

We can not afford to rest on our well deserved success, but rather look into the future and see what there is yet to accomplish. Not by the officers, but by the entire membership.

The officers are but the executive members, and are to do your bidding, and to work with the membership, and, I am sure, that if the State officers will co-operate with the National officers and they together labor with the membership at large, we shall accomplish great things. The success for the coming year lies in your hands. If you will do your part, be alive to the opportunities as they come to you, and we will all have plenty of them, then will the year that is before us pass into history as the "best in our history."

Do not think that the National officers can do the work that you as a State officer or a member of your State organization can do. We want to help you and we want you to help us. If there is anything in your State society that you think we, as National officers, can do or help you to do, write us freely and often, and you will not find us wanting.

Personally, I want to thank the members of the National for calling me to serve you the coming year, and I can assure you that I have but one wish and that is to be of use to each State officer and each member of the National, and each Eclectic, whether he be in or out of the National Association.

If you are out of the National Association, come in and encourage us by your willingness to be one of us.

The medical world never needed progressive physicians more than she does to-day, and there is much to do. Will you be a worker or a drone? What you are the Eclectic school has made you, and what you are to be in the future will depend upon how you use the knowledge you have obtained in these Eclectic schools.

You can not afford to be without an alma mater, and the National now stands ready to help perpetuate Eclectic colleges, and make them institutions that you will be proud of and that the world will be proud to recognize. It will mean but little to each of us, but collectively it will mean much to the future Eclectics.

Send your name and address to Dr. Wm. Best, of Indianapolis Ind., or to me, and, if you will unite with us, send $2.00 and a certificate of membership will be sent you and the QUARTERLY, edited by our able brother, Dr. Wm. N. Mundy, of Forest, Ohio.

Write to-day and let us begin now to do our part for the coming year.

W. E. DANIELS.

THE ECLECTIC SYSTEM.

Changing conditions, due to progress and evolution in all phases of activity, demand that mankind keep abreast of the times contemporary with him. We must advance or retreat, we may not stand still.

For many years our system of medicine, known in the not distant past as the Reform practice of medicine, set the pace in progressive medicine. The leaders, to whom we look with pardonable pride and whose service to mankind can not be overestimated, were conspicuous

as investigators. Boldly they stood forth demonstrating the existing wrongs and offering new and better things in medicine.

They did not tear down and destroy old ideals and denounce the life-destroying practice then extant without setting new and better in their places. Not theories, only, did they offer, but proven and established principles, from which successful practice developed, until now, after the world has seen several recent changes in etiology and pathology, with as many more fads, fancies and theories rise in the medical daylight only to wither in the sunlight of experience, we see the dominant school of medical practice seeking the materia medica of the Eclectics, who have steadily adhered to their principles and improved upon and enjoyed continuous success in practice. All this reflects much credit to the system in this day of criticism and demand for scientific medical foundation.

These are simple facts of history. While we enjoy the prestige thus accruing to our school, we should not conclude that our mission is ended and that there no longer remains any further investigation to be made, or that we should cease to progress.

All around us the scientific world vibrates with excitement and high tension and a high degree of efficiency is demanded. This is but one expression of hunger for knowledge and progress.

While our system has added very creditable, and, I may say, an enviable proportion to the sum of human progress and knowledge, yet the mass of the profession is groping in the dawn of medical day, and is not free from the bondage of ignorance and the clutches of fads. Their helpless condition is but accentuated by their multiplicity of gods.

Consistency has kept us close to the one, and, as yet, the best. While this remains true, it increases the importance of our principles and practice, and it also increases the duty we owe to mankind. It is incumbent upon us to keep these intact and to stand ready to present them in their purity to the inquirer after truth.

These things not only emphasize the importance of our ideals and principles, our progress and success; but they bring forcibly to our attention the need of and the demand for their perpetuation through our institutions, of which our State societies and National Association form so vital a part. To improve and strengthen our organizations, to increase their effectiveness, to provide pleasant and profitable meetings, to reach a greater number of the adherents to our principles, and to extend our ultimate usefulness to mankind, are certainly worthy of our sincere devotion and loyal support. B.

THE IDEAL PHYSICIAN.

With the rapid advancement in medical specialties and increased requirements for medical students, it would seem as though the family physician would soon be a thing of the past. Physicians are forming

themselves into groups, renting a suite of offices, each one to practice his specialty; each one devoting his energies to a special organ or group of organs. He is certainly in danger of becoming strabismic in his ideas and loses sight of the reflexes and inter-relations and co-ordination existing between the various organs and functions of the body; in other words, he ceases to study man as an entity.

This growth of the specialties, as we have said, seems destined to relegate to oblivion the family physician. With this condition that close intimacy between the physician and the family is lost. It reduces the practice of medicine to the dollar and cent level. We frequently recall the familiar picture of the elderly, polished and trusted physician of our boyhood days. A gentleman of rare culture; a graduate of one of the oldest eastern colleges. Always immaculately dressed; always welcome to the home. He knew us all; cared for our ills until we grew to manhood and womanhood, and left the parental roof. He was our trusted friend and counsellor.

In this materialistic age, all these exquisite refinements are lost. No longer does the physician watch with pride the growth intellectually, morally and physically, of the young of his families, for he has no families worth mentioning. I can recall a physician of the old type, who practiced many years. He lived to an old age and died, leaving but a small competence for his family. Why? In his daily rounds he not only administered to the physical needs of his clientele, but to their material needs, as well. Often the needed sack of flour was supplied from the physician's larder, as well as the meat. Whilst he may not have received his reward in this life, he, no doubt, will in the future. He had, however, that pleasurable feeling of having had a life well spent, in ministering to the needs of others, in the great work of uplifting mankind.

The ideal physician is reflected in the story of "Dr. Luke of the Labrador." Reflected in the good old doctor pictured by Ian McLaren in his story "Beside the Bonnie Brier Bush." These men who have worked and labored for humanity, who have worked because they loved their work; whose labors of love have been immortalized by the pen of prose writers and poets, whose prototype was "The Great Physician" himself, are destined to be displaced permanently. The profession has no one to blame but itself for the lowering of its ideals. The constant hedging of itself by legal enactments to compel it to be upright and manly serves only to degrade it in the eyes of the laity and lower or demean its own manhood. It seems farcical, almost a tragedy for an educated profession to insist upon the passage of laws to control their own morality and honesty. Is the profession, notwithstanding its higher requirements, degenerating in all those qualities which elevate man morally, socially and spiritually? Are we becoming too materialistic?

M.

DEATH RATES.

"It should not be understood, however, that the death rate from the infectious diseases is a measure of individual, so much as of community, intelligence. In this country the wonderful reduction in the death rate from infectious diseases in the past fifteen years has been confined largely to the great cities. Smaller cities, villages and rural communities have improved but little. The larger cities are establishing effective health departments. Building regulations prevent the construction of unsanitary houses, either public or private. Schoolchildren are inspected by competent medical men and first cases are detected and isolated. Proper hospitals for the infectious diseases are provided and scientifically administered. The children of the poorest and most ignorant go to sanitary school buildings and when infected, are scientifically treated. The health officer of the smaller city is a joke and that of villages and rural communities exists, for the most part, only in name.—"Vaughan.

The above clipping is one among the most bombastic pieces that has ever fallen to our lot to read. It is not only buncombe, but absolutely misleading and false. Whilst it may contain a small amount of truth, so far as the reduction of the general death rate is concerned, the statement that village and rural communities have improved but little is absolutely false In the recent epidemic of measles, which practically included the entire state of Ohio, the cities furnished nearly the entire death rate. In an experience of thirty-three years I have never witnessed a death from measles or a complication of measles. The assertion that the death rate in cities is less than in the rural communities would be ridiculous were it not so dangerous and misleading. We have witnessed the hygienic conditions prevailing in the great cities. The slums have been personally visited, then when we read such sentences as above, we wonder if the author is not joking or talking for effect. Every American citizen knows that building regulations, as well as many other laws, are practically worthless, or only encumber the legislative puzzle that now exists. Our fire regulations, in their enforcement, are farces, as everyone can easily recall, if he but thinks of the various disasters by fire.

When he talks of the wonderful scientific treatment in cities, he ignores the fact that the quacks and charlatans flock to the larger centers of population; neither are we convinced of the wonderful scientific treatment in the sanitary hospitals. The truth is, it is more routine than scientific or practical, and not always free from suspicion of neglect by reason of politics. It is unfortunately a well known fact that the hospitals are not always open to the poorest, even though it be a State hospital, as we can positively attest in the case of the State tuberculosis sanatorium in Ohio. The last phrase is a positive insult to a large number of hard working, honest citizens, all of whom possess

the same requirements as the author, and some of whom possess equal attainments, and maybe some of his own pupils.

We contrast the words of the author with those of the United States Census Bureau. According to the Marquette (Michigan) Journal, April 19: "The United States Census Bureau publishes figures which play havoc with the modern doctrine that cities are healthier than the country. Taking only the white race—because cities are notoriously deadly to negroes—it appears that the death rate of boy babies is 23 per cent. higher, and that of girl babies 24 per cent. higher in the city than in the country. A white boy, born in the country, has at birth an 'expectation of life' 7.7 years greater than one born in a city. The difference between girls is only six years. In both sexes, the country dweller has a greater expectation of life until well past eighty."

The bulletins issued by the United States Public Health Service would throw some light on this subject. The recent one on the tuberculosis situation in Cincinnati is enlightening. "Poverty and tuberculosis—tuberculosis and poverty. These are the essential facts which force themselves to the attention of every investigator who faces the problem of that disease. The tenement house district of Cincinnati yields a tuberculosis morbidity just three times as great as the areas where better housing prevails. The great factor underlying the entire problem was seemingly that of economic conditions. One-sixth of all tuberculosis cases came from cheap lodging houses."

Where do the cheap lodging and tenement houses exist? Surely, not in the rural communities. The quotation from Vaughan and extracts from Dr. W. E. Lower's annual address to the Ohio State Association is on a par. Dr. Lower's figures were taken from a community contingent to Akron, which contains a large foreign population and all the elements pronounced by the Public Health Service as conducive to the propagation of tuberculosis. It is hard to convince the rural physician of the truth of these statements; in fact, we do not believe it. One fact is forced upon us, is there not a method in these reports, and is it not part of a policy to force upon the public and the profession "State Medicine," a department of public health with a cabinet officer? It seems strange that all these statements would appear almost simultaneously in various parts of the country, unless it was a preconceived arrangement.

One need only visit the section of a city peopled by the immigrants, as in Cleveland, East Youngstown, along the river in Cincinnati, as well as some of the streets in the cities I might name, New York, Brooklyn, Detroit, Chicago, and then tell one that these sections produce less defective children than the rural communities is an absolute farce. Poverty, wretchedness and crime in every form prevails and the children, unfortunately, are many times the victims. The assertion that these children live in the open is far-fetched. Suppose they do live

in the streets, note the condition of the streets. In winter, cold and dreary; in summer, hot, sultry and foul smelling, and, if hunger is appeased, what is the condition of the food? No one can ever see the unfortunate, miserable, sickly little ones in a rural community as one witnesses in a children's clinic in any of our larger centers of population. These are the centers of disease and death, and furnish the morbidity. I have seen it in the clinic room, in the tenement home, in the floating hospitals, in the public playgrounds of the metropolis. What is the motive behind these misleading statements? M.

NEWS AND NOTES.

Arkansas.

The officers-elect of the State Society are: President, R. L. Smith, M.D., Russellville; secretary, L. Gardner, M.D., Russellville; treasurer, G. C. Parker, M.D., Belleville.

California.

Dr. Harvey W. Crook has opened an office at 323-336 First National Bank Building, Long Beach.

Jacob E. Shearer has removed to Cloverdale, Ore.

The Los Angeles Eclectic Medical Society held its regular monthly meeting April 4. New members were received as well as new applicants. The essayist for the evening was Dr. H. T. Cox.

Dr. Nellie Schenck has removed from Rugby, Tenn., to 615 First National Bank Building, Long Beach.

Dr. Augusta Stone is located at 806-807 San Fernando Building, Los Angeles.

The Southern California Eclectic Medical Association held its annual meeting at Long Beach on May 9. The program was interesting; papers were read by Drs. Baird, Roath, Young and Welbourn.

Dr. O. C. Darling, of Riverside, has removed to San Francisco.

Dr. Janet D. Quinn and Dr. Wm. B. Quinn are both located at 4632 Franklin Street, Los Angeles.

Dr. E. P. Baily has removed from Los Angeles to Long Beach.

Dr. W. M. Foster has changed his address from 2916 Otis Street, Berkeley, to 12 Geary Street, San Francisco.

The Jones bill for the prevention of blindness was passed by the legislature of California and became a law in June, 1915. The act gives the definition of ophthalmia neonatorum, requires that cases of this disease shall be reported within twenty-four hours, and provides that certain measures of prevention shall be taken by the local health officer and the State Board of Health. The new vital statistics law provides in the birth certificate a query whether the prophylactic for ophthalmia neonatorum was used.

Georgia.

Simeon L. Katzoff has removed from Atlanta, to 1188 Main Street, Bridgeport, Conn.

The Atlanta Medical College and the Medical Department of the University of Georgia will reqiure two years of college work as an entrance qualification after January 1, 1918.

Illinois.

Dr. Adam Szwajkart has been appointed county physician of Cook County.

R. J. Grime, M.D., has removed from Shebonier to Pleasant Mound.

Occupational diseases, resulting chiefly from the use of lead and arsenic have been markedly reduced in number in Illinois, according to the annual report made by the chief State factory inspector to Governor Dunne. One year ago these diseases affected, on the average, seventy-six persons per month. At present the cases average about twelve per month. The reduction is due to greater attention being given to the occupational disease law, and a better compliance with the prescribed rules and hygienic measures ordered by the State factory inspection department.

Indiana.

The Indiana Society held its annual meeting May 9 and 10 at Indianapolis. The officers-elect are: President, Henry Carter, M.D., Bringhurst; first vice-president, W. W. Tindall, M.D., Shelbyville; second vice-president, C. W. Reiff, M.D., Idaville; secretary, F. L. Hosman, M.D., Indianapolis; treasurer, C. A. Tindall, M.D., Shelbyville.

Dr. Wm. T. Gott, of Crawfordsville, has been reappointed a member of the State Board of Medical Examination and Registration.

Dr. U. G. Vance has moved from La Fontaine to Fowlerton.

Kansas.

The Kansas State Eclectic Medical Society held its forty-sixth annual meeting at the Grand Hotel, Kansas City, May 24 and 25. An interesting meeting is reported. Officers-elect were: President, Dr. W. D. Hunt; vice-presidents, Dr. Chas. Hover, Overbrook, and Dr. L. Lathrop, Olathe; secretary, Dr. J. H. Rinehart, Abilene; treasurer, Dr. E. B. Packer, Osage City.

Dr. J. H. Rinehart has removed from Topeka to Abilene.

Kentucky.

The Kentucky Eclectic Medical Association met for its twenty-eighth annual session at the Hotel Seelbach, Louisville, May 17 and 18, with a good attendance. Papers were read and discussed and clinical cases demonstrated.

Resolutions of respect for Drs. W. R. Ruble and J. M. Wells, deceased, were adopted.

Officers-elect are: T. A. Evans, M.D., president; G. L. Everly, M.D., vice-president; J. C. Mitchell, M.D., secretary.

Dr. Janet D. Quinn, of Newport, and Dr. Wm. B. Quinn are both located at 4632 Franklin Street, Los Angeles, Cal.

Louisiana.

The bill asking for a State board of chiropractic, recently submitted to the Louisiana legislature, has been reported unfavorably by unanimous vote of the Committee on Health and Quarantine, to which it had been referred. This vote was taken after the committee had heard a chiropractor claim that goiter, tuberculosis, diphtheria, pneumonia, and like diseases could be easily cured by the chiropractic method of manipulation of the spinal column.

Maryland.

What appears to be the first legislative action giving recognition to the National Board of Medical Examiners appears in an amendment secured recently to the medical practice act of Maryland. This amendment provides for the licensing without examination of applicants who present certificates issued by the National Board.

Michigan.

The fortieth annual meeting of the Michigan Eclectic Medical and Surgical Society was held June 16 and 17, at Hotel Tuller, Detroit. An unusual good meeting was held and a renewed interest manifested. Dr. T. D. Adlerman, of Brooklyn, N. Y., president of the National Association, and Dr. Wm. P. Best, Indianapolis, Ind., secretary of the National Association, and Dr. W. N. Mundy, Forest, Ohio, editor of the National QUARTERLY, were guests of the society. New members were added to the society. Officers-elect for the coming year are: President, H. A. Shafor, M.D., Detroit; first vice-president, W. J. Couch, M.D., Detroit; second vice-president, L. M. Conley, M.D., Detroit; third vice-president, J. J. Brownson, M.D., Kingsley; treasurer, L. L. Baldwin, M.D., Kalamazoo; secretary, C. H. Murphy, M.D., Lansing.

Missouri.

The Eclectic Medical Society of Missouri held its forty-seventh annual meeting May 9 and 10 at Kansas City. The officers-elect were: B. E. Dawson, M.D., president; Frank Hurwitt, M.D., first vice-president; C. G. McKinly, M.D., second vice-president; J. L. Harwell, M.D., Hendrickson, third vice-president; B. J. Wiesner, M.D., St. Louis, recording secretary, G. J. Conley, M.D., Kansas City, corresponding secretary; A. W. Davidson, M.D., Poplar Bluff, treasurer. Delegates to the National, A. F. Stephens, M.D.; alternate, H. H. Helbing, M.D.

Dr. B. E. Dawson has removed from 2544 Wyandotte to 101 East 30th Street, Kansas City.

New Jersey.

The forty-second annual meeting of the New Jersey State Eclectic Medical Society was held at Carell's Restaurant in Jersey City, May 23.

New Mexico.

An official communication just received from the New Mexico Board of Health and Medical Examiners states that beginning with January, 1918, the standard of preliminary education for all students matriculating in medical colleges recognized by that board will be two years for college work. The requirement will apply to all those who graduate after January 1, 1922.

New York.

One hundred and fifty thousand dollars have been given Mount Sinai Hospital for the endowment of a department of surgery of the stomach.

Willis W. Bradstreet is located at R. F. D., Irondequoit.

Dr. Daniel Wolfson has located at 920 St. Johns Avenue, Bronx, New York City.

The week of May 6 to 12 was Baby Week in this city, and in this connection infant mortality studies have been made by Registrar Guilfoy of the Department of Health, which reveal the very remarkable fact that the death rate from congenital defects is greater among babies of the rich than among babies of the poor. The infant mortality rate for the whole city, based on 141,256 births reported during the year, was 98 per 1,000. In several of the better districts of the city only 25 to 50 per 100 die in the first year of life, while in a district inhabited largely by negroes and Italians, 314 babies out of every 1,000 died during the first year of life. The death rate from infectious and diarrheal diseases in nearly all the so-called well-to-do districts is far below the average for the city. In all districts where the colored population represented at least 10 per cent. of the entire population the rates varied from 124 to 314 per 1,000. The reason for the preponderance of deaths from congenital causes among the well-to-do is to be further studied. Dr. Bolduau has suggested that the later age at which people of this class marry may prove to be the deciding factor.

Recent amendments have been made to the New York Public Health law relating to the practice of dentistry. The principal change is the requirement of three years' work in a registered medical school, or graduation before the student begins the dental course, which has been extended from three to four years. For graduates in medicine, a special course of study covering two years in a registered dental school is demanded.

Beginning with September, 1918, the University and Bellevue Hospital Medical College will require two years of college work before admission. By arrangement with the academic department of New York University, it will now be possible for a student after six years and a half to obtain the combined degree of bachelor of science and doctor of medicine.

Ohio.

Dr. W. T. Gemmill, of Forest, has been elected a trustee of the Eclectic Medical College. Dr. Gemmill is of the Class of '73.

Dr. J. W. Kannell has removed from Bucyrus to Nevada County, Cal.

It is announced that a rule is to be enforced that no physician or sur-

geon of the Cincinnati General Hospital can hold a similar position on the staff of any other hospital. It is also proposed that a chief of service in each department shall be appointed who will be a whole-time officer and be in supreme control of that department.

The fifty-second annual meeting of the Ohio State Eclectic Medical Society was held at the Hotel Breakers, Cedar Point, June 19 to 22. Owing to the presence of the National Association, sessions were held early in the morning and late in the evening. Notwithstanding it was one of the largest attended and most enjoyable meetings ever held. The officers-elect for the coming year are: President, W. H. Hobby, M.D., Sidney; first vice-president, P. D. Bixel, M.D., Pandora; second vice-president, J. H. Jenkins, M.D., Rushmore; recording secretary, W. N. Mundy, M.D., Forest; corresponding secretary, J. F. Wuist, M.D., Dayton; treasurer, J. G. Sherman, M.D., Columbus. Next place of meeting, Cincinnati, May 15-17, 1917.

Dr. Frank G. Boudreau, Columbus, has been electel executive secretary of the State Board of Health, succeeding Dr. Eugene F. McCampbell.

O. J. Heindel, M.D., has removed from New Castle, Pa., to 6400 Detroit Avenue, Cleveland.

J. B. Barker, M.D., has been appointed local examiner for Miami, and P. D. Bixel, M.D., for Putnam counties, by the Industrial Commission of Ohio.

Fifty thousand dollars has been given the Medical School of Western Reserve University, for the furtherance of the study of obstetrics, at the alumni banquet of that institution.

It has been definitely decided that the Bellefontaine epidemic of typhoid fever was caused by infected milk. With but one exception all the cases occurred on one milkman's route.

The sum of $609,975.29 was paid physicians and hospitals from January 1, 1914, to June 30, 1915, by the Ohio Industrial Commission.

It is alleged that certain dairies of Bellefontaine have been responsible for the outbreak of the typhoid fever epidemic which has grown to large proportions during the last month. Dr. F. G. Boudreau, of the State Department of Health, is aiding the local health authorities to control the situation.

At the annual commencement of the University of Cincinnati, June 10, the honorary degree of Doctor of Science was conferred on Prof. John Uri Lloyd, Cincinnati, author, chemist, humanitarian and philanthropist. Professor Lloyd is also widely known as a literary student of the folklore of northern Kentucky. He is the founder of the Lloyd Library, the most completely equipped pharmaceutical library in this country. His contributions to the chemistry of colloids and his researches in the chemistry of medicinal plants are many and valuable.

All records for the prevalence of measles in Ohio were broken during the first four months of 1916, when more than 36,000 cases of the disease

were reported to the division of communicable diseases of the State Board of Health. In the same period in 1915, there were but 19,348 cases reported. In April alone, this year, 13,213 cases were reported.

The result of the recent Ohio State Medical Board examination was as follows: One hundred and fifty-nine out of the 162 physicians were licensed on examination, and twenty-six Osteopaths out of thirty-three. Forty-seven Western Reserve graduates averaged 85.08 per cent.; sixty-one graduates of the Ohio State University, Medical Department, averaged 84.98 per cent.; twenty-one graduates of the Cincinnati University averaged 83.87 per cent.; nineteen graduates of the Eclectic Medical College averaged 82.75 per cent.; seven graduates of the Homeopathic Department of the Ohio State University averaged 80.23 per cent.

A special meeting of the board will be held the latter part of July to consider the approval of sixty-three hospital training schools. The next regular meeting of the board will be held October 3, and the regular semi-annual examination in Columbus, December 5, 6 and 7.

ECLECTIC MEDICAL COLLEGE.

The Home-Coming Clinic Week held at the College, from May 10 to 16, was very successful, about twenty out-of-town graduates being in attendance. The members of the Alumnal Association decided to have their president appoint a special committee, whose duty it shall be to help the faculty arrange a systematized course of a week or ten days to be held prior to the next annual commencement exercises, and to correspond with the alumni with a view of having a number pledge themselves to attend and bring in clinical material, which is so necessary in these demonstrations.

The officers of the association elected were: President, R. L. Thomas, M.D., '81, Cincinnati; first vice-president, R. M. Musick, M.D., '16, Williamson, W. Va.; second vice-president, R. R. Barrett, M.D., '02, Mansfield; secretary, Cloyce Wilson, M.D., '13, Cincinnati; treasurer, O. W. Schwarz, M.D., '13, Cincinnati.

The commencement exercises held Tuesday evening, at Memorial Hall, was undoubtedly the largest and most enthusiastic in years, the entire hall being comfortably filled. The same may be said of the banquet which immediately followed, 146 being seated at the tables. Toasts were responded to by Dr. R. L. Thomas on "The College"; Dr. Wm. P. Best on "Loyal Alumni, an Asset of the College"; Dr. Alvin G. Berger on "The Class of 1916," and Mr. Myers Y. Cooper on "The Next Step."

The following are the members of the graduating class: Alvin Gustave Berger, Illinois; Otto Nicholas Bergmeyer, Kentucky; Tressa Martha Bradish, Ohio; Robert Bruce Curl, Ohio; Margaret Nichols Dassel, Ohio; Claude W. Davis, Ohio; Charles Ross Deeds, Ohio; Jacob Benjamin Falk, Ohio; Alec E. Fingerhut, Ohio; Guy Ransom Fromm, Ohio; George Fred Hermann, Jr., Ohio; Edwin A. Hilty, Pennsylvania; Herman William

Honeck, Ohio; Joseph Katz, Ohio; Nathan H. Keller, Ohio; Sophia Agnes Levinson, New York; Maude C. Glines-Maltaner, New York; Harry Thurman Martin, West Virginia; Wren Morrow, Nebraska; Rufus M. Musick, West Virginia; Jesse Lee Paine, Nebraska; Edwin Thomas Redmond, New York; Martin John Sauter, Kentucky; Albert Schwartz, D.D.S., Ohio; James Garfield Smalley, California; Clarence Richard Spradling, Nebraska; Harold Eugene White, Nebraska; Ruth Francena Wirick, California.

The following graduates of 1916 have received hospital interneships by examination or appointment in the following hospitals: Cincinnati General Hospital, Margaret N. Dassell, Albert Schwartz; Bethesda Hospital, Cincinnati, Nathan H. Keller; Seton Hospital, Cincinnati, Claude W. Davis; St. Mary's Hospital, Cincinnati, Guy R. Fromm, Robt. B. Crul and Joseph Katz; Grace Hospital, Detroit, Mich., Tressa M. Bradish, Wren Morrow, R. M. Musick; Cumberland Street Hospital, Brooklyn, N. Y., Edwin T. Redmond, Alvin C. Berger and Sophia A. Levinson; Metropolitan Hospital, New York City, Edwin T. Redmond; Glenville Hospital, Cleveland, Ohio, Alec E. Fingerhut.

Oklahoma.

The Oklahoma State Eclectic Medical Association met at the Tulsa Hotel, Tulsa, May 23 and 24.

Pennsylvania.

O. J. Heindel, M.D., has removed from New Castle to 6900 Detroit Avenue, Cleveland, Ohio.

An official communication from the Bureau of Medical Education and Licensure of Pennsylvania states that all candidates graduated after January 1, 1917, who seek licenses to practice medicine in Pennsylvania, will be required to have attended personally not less than twelve maternity cases in their undergraduate medical course. They must also have taken in charge six additional cases during the year's interneship in an approved hopital, which is also required.

South Dakota.

The Eclectic Medical Society of South Dakota met in joint session with the Homeopathic State Society at Sioux Falls, April 25 and 26. An excellent program was given and enjoyed by all. Dr. G. W. Suddard, of Hayti, was elected president, and Dr. W. E. Daniels, of Madison, secretary.

Drs. E. W. Feige and W. E. Daniels have been reappointed on the State Board of Health and Medical Examiners.

South Dakota offers several good openings to Eclectics, but does not reciprocate with any States save only Minnesota and North Dakota.

Tennessee.

The thirty-seventh annual meeting of the Tennessee State Eclectic Medical Association was held at the Maxwell House, in Nashville, Tuesday, May 23. The officers-elect are: President, J. Harvill, M.D., Nashville; first vice-president, E. A. Fuston, M.D., Shelbyville; second vice-president,

A. S. Corbin, M.D., Tennessee City; recording secretary, J. O. Cummins, M.D., Nashville; corresponding secretary, Ivadel Rogers, M.D., Lawrenceburg; treasurer, M. M. Harvill, M.D., Nashville. The next meeting will be at Nashville, May, 1917.

Dr. Nellie Schenck has moved from Rugby to 615 First National Bank Building, Long Beach, Cal.

Vermont.

The Vermont State Eclectic Medical Society held their annual meeting in the Senate Chamber of the State House, June 8. Papers were read and discussed and a profitable meeting held. Resolutions were adopted indorsing the resolution of Senator Works regarding physicians in the several government medical services joining societies.

Washington.

R. L. Pinkerton, M.D., has removed from Duvall to Chilo, B. C., Canada.

Wisconsin.

The thirty-ninth annual meeting of the Wisconsin State Eclectic Medical Society was held in Beloit. Dr. E. G. Trowbridge, of Chicago, was the guest of the society. New members were added and the following officers elected: President, J. B. Brewer, M.D., Jefferson; first vice-president, J. H. Alexander, M.D., Belmont; second vice-president, F. A. Rice, M.D., Delavan; recording secretary, R. C. Rodecker, M.D., Holcombe; corresponding secretary, F. H. Larson, M.D., Reedsburg; treasurer, C. W. Rodecker, Holcombe. Next place of meeting, Delavan, first week of June, 1917.

A new medical practice act in Wisconsin recently secured fixes the minimum standard of preliminary education for all applicants after January 1, 1919, to two years of collegiate work, the equivalent of a two years' premedical course at the University of Wisconsin. It is specified that the work shall include college courses in physics, chemistry, biology and either French or German. This is the tenth State to adopt this higher requirement, the other nine being Alabama, Colorado, Indiana, Iowa, Minnesota, New Hampshire, New Jersey, North Dakota and South Dakota.

MISCELLANEOUS.

The Public Health Service reports that 629 of every 1,000 enlisted men in the United States Army were ill at some period during the year 1914, while employees of the civil service in Washington lost but 5.84 days each on an average on account of illness during the year, or nearly three days less than the average of the soldiers.

What is claimed to be an efficient substitute for the X-ray has been demonstrated to a group of hospital physicians at New York. Charles Stanley, an electrical technician, who invented the special tube by which this ray is produced, showed its harmlessness by holding the activated tube in his hand for fully an hour.

"We see a health problem in the present 'movie' craze. We see

our children and our young people, and also our elders, running to the movies night after night; we see them less content to spend the evening at home; we see them less frequently reading one of the classics, or even the better current works of fiction, to say nothing of serious literature. We believe that the 'movie' craze is doing more to destroy the home life of the American people than all other influences combined; and we believe that it is as harmful an influence, and, in the same way, as cocaine, or morphine, or whiskey. We believe the educational value of the movie is infinitesimal in comparison with its power for harm."—John A. Hornsby, in The Modern Hospital, 427, 6 (1916).

THE POLIOMYELITIS EPIDEMIC.

The epidemic of infantile paralysis continues apparently unabated. For the week ending July 8, 892 cases have been reported, with 205 deaths. Thus far the death rate has ranged from 20 to 25 per cent., which is four times as great as it was in the epidemic of 1907. Nearly all the fatalities have occurred in children under ten years of age, and the largest proportion occurs between the ages of one and three years. A daily list of patients with their addresses is published daily in the newspapers, and parents are urged to read the list and to keep their children from the infected localities. At the request of the health commissioner, the department of licenses has notified all moving picture theaters in the city not to admit children under six years of age until such a time as the board of health declares this health menace at an end. The department of health will not interfere with the regular summer school classes or with the work of the fresh air funds, or with daily health excursions, such as are conducted by St. John's Guild, where there is proper medical and nursing supervisors. All promiscuous gatherings of children which do not include proper medical precautions are disapproved of. Sunday-schools are expected to provide all the health safeguards that are exacted of all the secular schools. At a conference of health officials, held July 6, it was announced that Secretary McAdoo had offered the services of the United States Public Health Service to the city to help stamp out the epidemic. The offer was accepted and it was requested that the United States Public Health Service should take up specially the very difficult "carrier" problem and should make both field epidemiologic studies and laboratory studies with animal inoculations. A letter will be sent to all large hospitals having well-equipped pathologic departments asking them to send material from fatal cases to the department for examination and research study. With the increase in the number of cases on Staten Island, it has been thought feasible to request the United States Public Health Service to perform the routine laboratory diagnostic work for the Staten Island cases at its laboratory at the quarantine station. There is a need for additional nurses at both the Kingston Avenue Hospital, Brooklyn, and the Willard Parker Hospital. July 6, there were 280 cases at the Kingston Avenue Hospital, and seventy-two at Willard Parker. The National Red Cross Society is co-

operating with the health department and will provide additional nursing service.

Telegrams from New York, July 11, announce 195 new cases of infantile paralysis in the previous twenty-four hours, with thirty-two deaths, an increase of nearly 100 per cent. of new cases over the record of the preceding day, and a still larger proportion of deaths. Reports from the boroughs show that in Brooklyn there were 155 new cases with twenty deaths; in Manhattan, fourteen cases with six deaths; in Richmond, six cases with no deaths; in the Bronx, seven cases with three deaths, and in Queens, thirteen cases with three deaths. Thus it will be seen that east of the East River, 168 of the 195 new cases occurred, and twenty-three out of the thirty-two deaths. At present the total number of known cases is 1,278.

Secretary of the Treasury McAdoo, on July 11, asked for an appropriation of $135,000 to be used in the prevention of an interstate spread of infantile paralysis, from New York, and for the comprehensive research work to determine the cause and nature of the disease and the remedy for it. Of this amount $85,000 will be expended to prevent an interstate spread of the disease and $50,000 for research work.

President Wilson, on July 11, signed the joint resolution of Congress authorizing the use of the government hospitals on Ellis Island for the treatment of anterior poliomyelitis.—*Journal American Medical Association.*

THE AMERICAN ASSOCIATION FOR THE STUDY OF SPONDYLOTHERAPY.

The association will hold its annual convention at Chicago, Ill., September 18-21, 1916. At this session we shall present essays covering the advances in spondylotherapy, electronotherapy, reflextherapy and physicaltherapy. We most cordially invite all members of the medical profession interested in the above advanced diagnostic and therapeutic methods to attend this session. Our session is unique, and doctors from the entire country are enthusiastic and have stated that the time spent and traveling expenses have been well repaid. This session will be a true post-graduate course in the latest methods of eliciting the spinal reflexes and their proper adaptation to therapy. With these new methods syphilis, tuberculosis and malignancy can be easily diagnosed in their incipient stage. Physicians desirous of learning these new methods should attend our convention and may obtain further information by addressing S. E. Bond, M.D., Richmond, Ind.

SCIENTIFIC RESEARCHES INTO THE CAUSES OF ALCOHOLISM AND INEBRIETY.

One great fact has been established by accurate laboratory and clinical research, viz., that the physiological action of alcohol on the cell and tissue is that of an anesthetic and depressant and not a tonic or stimulant. This has been accepted by the profession generally, and, while it revolutionizes

the previous theories, explains in some degree why alcohol is so fascinating.

Beyond this, there is a vast range of causes producing alcoholism and inebriety that are practically unknown. All remedial and restorative efforts are based on the theory that alcohol is the special and particular cause of all the degenerations which follow from its use.

Careful studies of individual cases show this to be untrue; also that in many instances alcohol is only a symptom. It may be a complicating drug, intensifying unknown conditions that were latent before. It may be a specific poison localizing in certain organs. It is also cumulative and associated with the most complex neuroses.

The causes that impel men to drink have never been studied scientifically. The literature up to the present is a confusing mass of theories and opinions unverified.

In this unknown region there are innumerable questions like the following: Why are certain periods of life more favorable for the outbreak of the craze for alcohol than others? Why does the desire to drink break out suddenly in diverse conditions, and then subside from causes inadequate to explain the change? What is the explanation of the exact periodicity of these drink excesses that are as certain as the rise and fall of the tide? What are the causes in surroundings and conditions of living that provoke these paroxysms? Why do men drink after injuries, diseases, shocks, losses, disappointments, business reverses and great successes in life? What degenerations are transmitted from the parents to the children that create susceptibility or immunity to the effects of alcohol? Why are some persons able to drink in so-called moderation for years, and why do others quickly become diseased and die? Why do some men drink in early life, then abstain, and in middle or later life turn to alcohol again and drink until death? Why are some persons susceptible to the contagion of surroundings and companions, while others are immune? What physical and psychical causes produce the drink craze?

These are some of the unknown causes and conditions which have never been studied with scientific exactness. One of the most prominent and widely accepted explanations is the so-called moral cause. Physcial conditions are considered results and not causes.

A research foundation has recently been organized at Hartford, Conn., for the purpose of making an exact scientific study of these questions. It will be endowed and become a permanent work. Preliminary studies have already begun, and practicing physicians from all parts of the countrv are appealed to for the records and histories of cases which will be compiled and tabulated for the purpose of determining the laws which control and govern them.

This is the first scientific effort to take up the subjects of alcoholism and inebriety and determine the causes which produce them outside of alcohol. Science has shown that these conditions are governed by exact

physical and psychical laws, which, if known and understood, would indicate the most practical means and measures of relief.

The foundation will be practically a laboratory or clearing house, where persons can come for examination, counsel and advice. To a large class of persons who want something more than pledges, appeals or sanatorium treatment, this will open a new field of means and measures for relief that will be most welcome. Correspondence is earnstly solicited from the profession.—*T. D. Crothers, M.D., Hartford, Conn.*

NEW APPLICATIONS TO NATIONAL, MAY 20, 1916, TO AUGUST 20, 1916.

ARKANSAS.

Curry, J. B., Austin.
Foster, G. T., Lagrange.
Harris, R. O., Auvergne.
Jones, D. E., Ouchita.
Parks, W. C., Formosa.
Spann, C. E., Altenheim.

INDIANA.

Clifford, J. W., Worthington.
Crandel, Thomas, Warren.
Hamilton, Curtis, Newberry.
Holman, J. Earl, Indianapolis.
Hudson, O. L., Princeton.

IOWA.

Thompson, Chas. F., Sioux City.

KANSAS.

Earnest, W. M., Washington.

MASSACHUSETTS.

Bowland, L. R., Somerville.
Byrne, W. R., Somerville.
Card, H. S., Boston.
Mack, F. A., ————.
Sandwall, C., Boston.
Scammon, E., Boston.
Simpson, W. H., Lawrence.
Sylvester, Ira E., Somerville.

MICHIGAN.

Bliss, Webster, Deerfield.
Conley, L. C. M., Detroit.
Eaton, E. O., Paw Paw.
Hulse, W. L., Detroit.
Thomas, H. S., Flint.

MISSOURI.

Conley, G. J., 6101 Warnell Rd., Kansas City.
Harper, B. L., 3016 Garfield Ave., Kansas City.
Harris, Mac S., 3528 Olive Street, St. Louis.
Immel, A. A., 2309 Lister Ave., Kansas City.
McElhinney, J. S., Unionville.
Perdue, E. M., 3926 Manheim Rd., Kansas City.
Rabin, J. H., 9th and Minn, Kansas City.
Zenor, E. H., 2870 Belt Ave., St. Louis.

NEW JERSEY.

Russell, D. L., Jersey City.

OHIO.

Aurand, G. C., Clyde.
Barrett, R. R., Mansfield.
Bayless, Chas. O., Dayton.
Kerns, Geo. E., West Liberty.
Leeds, F. C., Winchester.
Martin, Geo. W., Portsmouth.
Mott, J. V., Amelia.
Reefy, Karl P., Elyria.
Reynolds, B. R., Greenwich.
Whitacre, G. D., Springfield.

OKLAHOMA.

Fowler, E. E., Buffalo.
Kimball, M. C., Tulsa.

PENNSYLVANIA.

Dech, Clarence E., South Bethlehem.

SOUTH DAKOTA.

Kingsley, W. I., Chester.

TENNESSEE.

MacWheeler, J., Bloomington Springs.

WISCONSIN.

Rodecker, R. C., Holcombe.

OBITUARIES.

Ayers, Delbert C., Toledo, Ohio, Eclectic Medical Institute, Cincinnati, 1889. Member of the Ohio State and National Eclectic Medical Associations, at Battle Creek, Michigan, June 14, aged forty-six years.

Bennett, Almon L., Eclectic Medical Institute, Cincinnati, 1889, at his home in Nickerson, Kansas, April 24, aged sixty-five years.

Chambers, George, Eclectic Medical Institute, Cincinnati, 1866, at his home in Saskatoon, Sask., June 19.

Charlton, William A., Lincoln Medical College, Lincoln, Nebraska, 1908. Member of the Nebraska and National Eclectic Medical Associations, of Palmyra, near Lincoln, Nebraska, June 5.

Clark, Lewis H., Eclectic Medical Institute, Cincinnati, 1868, at his home in Decatur, Illinois, May 31, aged seventy-one years.

Clinger, Isaac W., American Eclectic, Cincinnati, 1895, at his home in Springfield, Ohio.

Connery, A. T., Eclectic Medical College, Cincinnati, 1882. Member of the Nebraska and National Eclectic Medical Associations, at his home in Neligh, Nebraska.

Dattelzweig, M. Fred, Bennett Medical College, Chicago, 1898, at his home in Chicago, May 30.

Felton, George Lane, Eclectic Medical College, Cincinnati, 1893, at his home in Kinsley, Michigan, April 29, aged sixty-seven years.

Greely, Dustum M., Eclectic Medical Institute, Cincinnati, 1859, at his home in Stockbridge, Massachusetts, March 20, aged seventy-five years.

Jones, Joseph, Eclectic Medical College of Philadelphia, 1859, at his home in Stockbridge, Massachusetts, March 20, aged seventy-five years.

Kent, James Tyler, Eclectic Medical Institute, Cincinnati, 1871, at his home in Stevensville, Michigan, June 5.

McMicheal, Albert, Eclectic Medical College of Pennsylvania, Philadelphia, 1878. Member of the staff of Grace Hospital, Detroit, at Detroit, April 28, aged sixty-five years.

Mulholland, John M., Eclectic Medical Institute, Cincinnati, 1875, Member of the Pennsylvania and National Eclectic Medical Associations, at his home in Pittston, Pa., April 25, aged sixty-five years.

Peters, James D., Eclectic Medical Institute, Cincinnati, 1866, at his home in Renton, Washington, April 13, aged eighty years.

Pinkerton, Roy L., Eclectic Medical Institute, Cincinnati, 1911, at his home in Duvall, Wash.

Smith, John Owen, Eclectic Medical College of the City of New York, 1882, at his home in South Canterbury, Conn., June 23, aged seventy-five years.

Tinsley, George M., American Eclectic, St. Louis.

Tobyne, Charles Macalo, Eclectic Medical College of the City of New York, 1897, at the New York Post-Graduate Hospital, June 13, aged forty-eight years.

Vaughn, John Aubrey, Eclectic Medical College of the City of New York, 1891, at his home in Brooklyn, New York, January 29, aged seventy years.

Wilmuth, George B., Eclectic Medical Institute, 1864, at his home in Springdale, Ohio, June 12, aged eighty-five years.

Wren, William C., Eclectic Medical Institute, Cincinnati, 1889, at his home in Welshfield, Ohio, aged forty-one years.

READING NOTICES.

A NEW CORPORATION.

Announcement has just been made of the formation of a new corporation, called the Victor Electric Corporation, which has purchased the business of the following firms: Victor Electric Company, Jackson Boulevard and Robey Street, Chicago, Ill; 110 East 23d Street, New York City; Scheidel-Western X-Ray Company, 737 West Van Buren Street, Chicago, Ill.; 110 East 23d Street, New York City; MacAlaster, Wiggin Company, 66 Broadway, Cambridge, Mass.; 154 West Lake Street, Chicago, Ill.; 110 East 23d Street, New York City; Snook-Roentgen Mfg. Company, 1210 Race Street, Philadelphia, Pa.; 110 East 23d Street, New York City.

The purpose of the new corporation is to continue the respective business policies of the above-mentioned concerns, and by the elimination of waste and the development of co-operative service be better able to serve more efficiently the interests of the medical profession.

The sales and service organization will be much more comprehensive than heretofore, it being the plan to continue all of the present branch offices and open new ones in all sections of the country so that ultimately no member of the profession no matter where located will be more than a few hours' distance from a trained man, who can render intelligent and efficient service.

By maintaining a research department to co-operate with the profession in the development of this science, it is expected that more rapid progress can be made than has been heretofore, and a greater co-operation secured with the profession as a whole.

The new corporation announces that it expects to conduct its business in an entirely ethical manner, believing that there is a standard of ethics in business that conforms exactly with our ethics and traditions.

It is also the purpose of the new corporation to make every customer feel that the pleasant relations existing between them and the various firms will be continued. They wish it to be known that repair parts and supplies for the apparatus of the constituent concerns may be obtained at any of the aforementioned addresses.

The stabilization of this industry is another great advantage which, with the added economy of production, assures the profession of the greatest values and a conduction of the business along sound financial lines.

The names of those associated with its management, who formerly had charge of the respective merged companies, are men of high caliber and recognized ability, and warrant us in wishing the new corporation the best of success.

Some medical wit defined woman as a "pathological entity." This definition seems most applicable at the menstrual period and the climacteric.

Genitone will be found a splendid tonic. It is non-narcotic and non-habit-forming, although antispasmodic, tonic and sedative. Formula and sample may be had from the Wm. S. Merrell Chemical Company, Cincinnati, Ohio.

Bromidia in Chorea and Epilepsy.—In those common nervous disorders, chorea and epilepsy, which necessitate the long-continued administration of the bromides, it has been found that in carefully chosen dosage Bromidia (Battle) exerts a splendid remedial effect. This is due, not to any special therapeutic charm possessed by Bromidia, but solely to its well-balanced formula and carefully chosen constituents. Thus the purity of its individual components insures a more potent and definite therapeutic power than could be expected from equal quantities of similar drugs in whose choice less care had been shown. The administration of Bromidia in epilepsy reduces the force of the attacks and further lengthens the interval between them. The ease with which Bromidia is tolerated, owing to the purity of its contents, makes it possible to give it over long periods without the production of untoward symptoms, such as gastric distress, etc. This is a feature that makes Bromidia of great service in chorea and epilepsy and which has gained for it the high regard of a large part of the medical profession.

A
Rational Procedure
in
Summer Diarrhea

For Infants
of any age

Mellin's Food
4 level tablespoonfuls
Water (boiled, then cooled)
16 fluidounces

Give one to three ounces every hour or two, according to the age of the baby, continuing until stools lessen in number and improve in character.

Milk, preferably skimmed, may then be substituted for water—one ounce each day—until regular proportions of milk and water, adapted to the age of the baby, are reached.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

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GASTRO-JEJUNOSTOMY FOR GASTROPTOSIS.

H. H. HELBING, M.D., ST. LOUIS, MO.

Gastroptosis is a wrong that is frequently encountered, and, as a rule, does not readily yield to medical treatment. Efforts have been made to support the stomach by means of an abdominal belt, which, in some cases, gives satisfaction, but all these measures, as a rule, do not cure the wrong present.

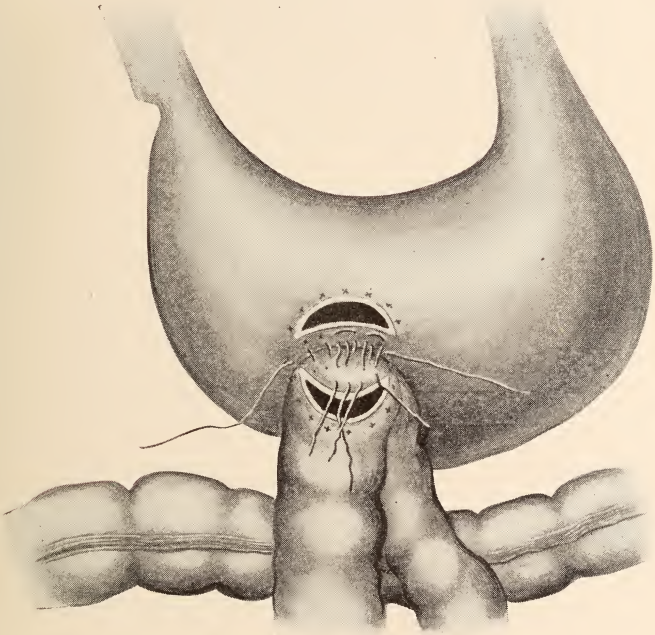
Certain other operative measures have been instituted. I mean operations other than gastro-enterostomy, to raise the stomach, and, in that way, help it to empty itself; but there is no settled opinion as to just what operative method is advisable in all cases of prolapsed stomach.

The case which I wish to report is one that was brought to me by Dr. Nehl, of St. Louis. Mrs. N., who is forty-eight years of age, has been suffering with stomach trouble for thirty years. She had been examined and treated by many physicians; one doctor had a radiograph made and pronounced her trouble as obstruction of the intestinal tract. Her leading symptoms at this time was nausea after eating; in fact, food distressed her so much that she invariably evacuated the stomach to obtain relief. She also suffered greatly with flatulency. She was not emaciated to any great extent, and she had normal action from the bowels, indicating the fact that some food passed the pylorus. We had several radiographs made, a print of one which I herewith present. Upon examining this plate we thought we detected an obstruction at the pylorus. This radiograph was made six hours after the ingestion of a bismuth meal. You will observe that practically all of it remains in the stomach. The other roentgenograms showed what appeared to be an obstruction of the bowels, but we came to the conclusion that the leading and probably the only wrong was in the stomach.

We told the patient our opinion of her condition, and we at once established ourselves in her confidence, for she believed herself that her trouble was in the stomach and not in the bowels. We suggested that an operation on the stomach might help her, yet we did not promise her anything. We had a perfect understanding with her that she was to take all risks.

There is always a possibility of a gastric neurosis being present, in which case a removal of apparent mechanical wrongs might not benefit. Notwithstanding the unpromising picture we painted, she consented to have the operation done.

Upon opening the abdominal cavity the stomach was found distended with gas and apparently dilated. The pyloric end seemed normal as far as outward appearances went. There was no induration, and, if there was any obstruction, it was due to an infolding of mucous membrane, or a polypus, which might be possible. A case of that nature was recently reported in one of my surgical magazines. At any rate, the dilated and prolapsed stomach justified a gastro-enterostomy, which we proceeded to do. We selected the Kocher method, herewith illustrated by chart, attaching the intestine as near the pylorus as possible and as low as we could get, and, at the same time, avoid severing any large arteries of the stomach. We used a double



A. Halstead stitches placed around the border of the opening in stomach and intestine and immediately adjacent to the edges.

B. Lembert stitches placed just without the row of Halstead sutures, which buries the latter and makes doubly sure the firm coaptation of stomach and intestine.

You will observe the crescentic form of incision in order to make a valve that folds outward in such a way as to close the opening of the proximal end of the intestine and prevent the regurgitation of food.

row of stitches around the juxtaposition of stomach and intestine. Partly Halstead and partly Lembert stitches of braided silk.

The usual methods of post-operative care was instituted. There was an uninterrupted recovery. Her old stomach symptoms subsided after the nauseating effects of the ether passed away, and she has been relieved of the distressing symptoms from which she formerly suffered. She is able to retain a normal quantity of food without the least distress.

Many surgeons advise posterior gastro-enterostomy in preference to anterior. The Kocher method, however, obviates the necessity of doing the posterior operation, because a valve is formed, which prevents the regurgitation of bile, to prevent which the posterior operation is

usually performed. The anterior method is much easier and more quickly done, and, if this technique is adopted, will answer the purpose just as well. Surgeons differ as to the advisability of occluding the pylorus when doing a gastro-enterostomy. This is especially advised by those surgeons who favor it in cases of gastric ulcer.

DISCUSSION.

Dr. L. E. Russell (Cincinnati): The doctor very well describes the operation. I have always preferred the posterior method of attachment for the express purpose of getting the intestine that is attached to the stomach away from any other part of the cavity where it might be pulled open by adhesions of other parts in close proximity. The method of attaching to the posterior is just about as easy as by the anterior method, simply punching an opening through the mesenteries sufficient to pull the intestine through and then pushing the stomach and intestine both out well into the wound.

On January 5, I operated on a man from Toledo, who had been before five or six different surgeons and they failed to make a diagnosis of his case. I was able to find a little hardened mass in the pyloric orifice, but, to confirm my diagnosis, I had an X-ray plate made, and it showed very plainly a mass. He submitted to an operation, and, in ten days or two weeks, he was eating freely and was able to be out of the hospital.

I have had quite a number of cases in which I fastened the intestine to the posterior part of the stomach, and, in all of them, I have had no untoward results.

The essayist spoke of keeping down as close to the pyloric end as possible. I hardly advise that. I want to keep as far away from the pyloric orifice as possible, so as to put it absolutely at rest, and go into the posterior part of the stomach and low enough so that I get drainage, and so be able to keep away the fluid from the lower part of the stomach and give it entire freedom from any obstruction by food. By so doing you will atrophy the tumor mass, especially if it is not of a malignant nature. If you have an ulcer there causing this trouble it is better to have food that goes into the stomach away from that ulcer. If the food is permitted to lie in the intestine with the ulcerated condition, you have not removed the cause at all, and eventually your ulcer will break through and you will have a fatal hemorrhage.

These are little points I wish to suggest to the surgeons in regard to why I prefer the posterior or the median part of the stomach.

Dr. E. B. Shewman: I would like to emphasize the point that in gastro-enterostomies or intestinal anastomoses a great many failures are due to two conditions. First, the opening between the intestine and stomach has not been made sufficiently large; second, there has been a leakage from some faulty method of suturing. It makes no difference what kind of suture you use, so you prevent leakage. I have always thought that inasmuch as the arterial supply comes from the greatest curvature of the stomach, three lines of sutures was a greater safety valve than two, and I believe some of the authorities to-day claim that the hemorrhages that have occurred have been due to this particular fact, that there has not been a sufficient amount of suture line.

Dr. H. H. Helbing (closing): I just wish to say a word on the subject of radiographs. There was an article in one of the journals from a man who makes a specialty of radiography, a man who lives in Kansas City. He says that these radiographs should be from the anterior posterior direction, in order to make them more normal to those who look at them, but they cannot be made from that direction on direct printing because you have a reversion, the normal side of the plate is away from the operator, so the only way we can make a picture from the plate is to put it in an enlarging lantern, and it is, no doubt, a wise thing to do.

One other reason why the intestine was near the pyloric orifice was because it was at the lowest point of the stomach.

ECLECTICISM IN MEDICINE.

Wm. P. Best, M.D., Indianapolis, Ind.

For several years the popular magazines have published well-written articles covering cleverly the purpose of the writer to popularize and advertise some cult or cure.

Our daily press carries special Sunday articles announcing discoveries and discusses with more or less apparent learning the advantages of some new drug, remedy, or method of healing the sick.

Our government at Washington has, through the Public Health Service, issued many pamphlets, reports and suggestions relative to the prevention of illness and preservation of the public health.

If one would read all the literature thus appearing, he would have little time for any other line of thought.

It is not our purpose to decry the honest efforts of others, nor do we desire to belittle the benefit to humanity growing out of the so-called preventive medicine, which, in truth, in most instances, is no medicine.

We take it that the above subjects receive due consideration and publicity at the hands of those interested in them, and it is our desire to add a word in consideration of the cure of the sick, for, notwithstanding the cults, prevention and multiplicity of ideas concerning the cause and cure, we must confess that like the poor, we have the sick with us always.

With due respect then to the opinions and efforts of all, we desire to call attention to the peculiar conditions preceding all this publicity; its origin, development and effect, and then consider briefly the actual cure of the sick; for, after all, we must minister unto the unfortunates, and they are most concerned in the restoration to health and ability to earn and enjoy a livelihood.

It is very true that the reactionaries in politics are usually, if not always, those in office, those who indirectly, or otherwise, enjoy the emoluments thereof. It is also true that religious intolerance and the

dark ages were nurtured, if not actually caused by the priesthood and the church, which primarily were supposed to serve mankind and point out the freedom which is known only when we are free from the bondage of superstition and ignorance.

Politics and religion, or the government and church, are not alone in having passed through medievalism. Medicine, like the church and the state, was once dominated and mystified by those who feared to take the people into their confidence.

The practices and policies of the dominant system of medicine were once actually priest-ridden, and when medicine, like the state, was separated from priestcraft, the medical practice was as crude, cruel and harsh as had been the religion of the darkest days of the dark ages.

States and governments had their upheavals, and were made better, and purified by publicity and by the voice of those governed. The church and religion from the depths of ignorance, superstition and sham, had its Luther and the Reformation.

After all the horrible and almost unbelievable that transpired in the name of God and the state, came the Renaissance.

But as slow as were the church and state to come to their higher standards, medicine was not a close second. Medical intolerance, bigotry and persecution, to say nothing of cruel, depleting, devitalizing and barbarous bloodletting, salivation, and generally, health-wrecking treatment of the helpless sick, were carried on long after an enlightened people had forgotten the dismal religious past.

Medical bigotry did for the unfortunate sick what ecclesiastical domination and ruinous governmental practices did for the entire populace, but was more cruel because of the helplessness of the poor victims.

Just as the Renaissance brought a transition from the medieval to the modern, just as the church came out of the dark and dismal past through the efforts of educated and bold champions of higher principles and the welfare of the masses, so medicine had to undergo a period of reformation, that it, too, might shake off the stigma of the harsh, cruel and devitalizing practices.

The latter, however, was not completed until within the memory of many now living, whose toothless mouths testify to the ruinous administration of mercury, and can still recite the depletion experienced through bloodletting.

In truth, while we are now being enlightened by the much-advertised preventive medicine, many of us well remember the medical and social ostracism, to say nothing of the persecution experienced by our forefathers, who dared to raise their voices in behalf of a more humane treatment of the sick, and a more conservative attitude to their vital resources.

Much is said about preventive medicine, but little credit is now given to those whose efforts brought medicine out from medievalism to its now advertised conservatism.

Those of the dominant school, the self-styled regular or old school of medical practice, forget their harsh methods of less than one hundred years ago, and, in fact, they are fast forgetting medicine altogether, for many tell you wisely and gravely that there are no curative drugs, but prevention is their cry. From the extreme of the harsh and cruel, both in drug therapy and other means, they have gone to the extreme of medical nihilism, and, in some colleges, do not even have a professor of therapeutics to teach medicine.

In all their advertisements, the propaganda for publicity, they assume the most ridiculous attitude to themselves, their history and practices.

Nearly a hundred years ago, educated, scholarly and truly philanthropic medical men began to seek more natural and gentle, yet effective, treatment for the sick. These men saw the bigotry and intolerance, and keenly were they made to feel the persecution of the dominant physicians.

Yet they found following among the people, the sick and afflicted gladly accepted milder and more curative as well as more natural means and methods, until encouraged and made stronger by followers and students, the actual reform in medicine was under way, and it was of American origin, through American liberators from the tyranny of the past, and by American means that medical reform and freedom had its birth, growth and development.

Bigotry and intolerance, persecution and actual imprisonment failing to check the growth and development of reform in medicine, it was crystallized into a system which, after much research *and actual bedside experience,* developed specific medication as the outgrowth of the work done by leaders of the *Eclectic system of practice.*

This system bases its application of treatment on the *cause of each disease* in *each* specific instance, and the specific indication for remedies is the result of careful *bedside study of the sick* and result of observation of the effects of medicines *on the sick,* always giving careful consideration to the particular needs of each person, not applying medicines to a name of a disease, such as typhoid fever, having no consideration for the individual or specific conditions of the patient. In other words, we are taught to treat the sick, his specific condition and not the name of the disease, for, seldom will two cases of any disease present the same conditions in all particulars, and, therefore, they must have different treatment to meet the specific or individual symptoms presenting.

Again the specific medicationists, or Eclectics, do not determine which remedy to apply by first experimenting on well animals (rats,

mice, guinea pigs, rabbits or frogs), but the specific remedy has been proven by its beneficial effect on the sick, and we have learned that "as like causes produce like effects," that we may scientifically depend on our remedies, and we can and do get scientific results, and perform cures by removing the cause of the disease.

The old school of medicine, reactionaries, are now out advertising themselves widely as the only scientific system of medicine, when, in truth, they themselves do not believe this for *they gravely say,* "all systems, all doctors are now alike." Either granting that they have endeavored to *step up* and keep in the procession of the reformers, as some have done, or that the reformers have all slidden back into their unscientific and unsuccessful methods, *which is not true.*

It is said that comparisons are odious, but stubborn facts will out. The truth is that an Eclectic physician of average ability and intelligence, would be ashamed of a record of more than 5 per cent. of deaths from pneumonia, while our much advertised *self-styled regular, or old school physicians,* openly announce their results as being from 15 per cent. to 35 per cent. of mortality from this disease, and frankly and gravely tell the people there is no known remedy for pneumonia.

If they believe their statements, and we credit them with being honest as well as frank, *is it any wonder the people are fast losing confidence in them,* and would it not be a better part of honesty and honor to refrain from announcing themselves as "The Doctors," and take up some line of work in which they, at least, may have some self-respect and self-confidence.

Diphtheria, with its dreadful mortality, has not become any less destructive with the use of antitoxin than it *was* in the hands of Eclectics, and is now, without this agent.

With all their efforts to discredit other systems of medicine, with all their strong denouncement of specific medication, they still seek specifics and gravely announce that few specifics exist, namely, antitoxin for diphtheria, mercury and salvarsan for syphilis, and quinine for malaria. It still remains true that these so-called specifics are in their hands, "not specific" because they are applied indiscriminately to all cases of the above-named diseases with *little* or *no* attention to the conditions existing in the person afflicted. Thus they overlook the fundamental fact, namely, *that certain conditions call for certain remedies,* but that good remedies do actual harm if not given when properly indicated.

Preventive medicine or sanitation is to be encouraged, but they do no good after a man is sick. The sick desire to get well, and would certainly prefer to be treated by a physician who can analyze conditions, and then know what remedies are required, and how and when to apply them.

The Eclectic physicians are taught to recognize the specific conditions of each case of ill-health, and, in so doing, to apply to the said specific conditions, remedies which will correct and relieve and restore normal activity without depressing the vitality of the patient, who needs all his natural resources to assist in restoration of health.

CERTAIN INSANITIES AS FOUND IN CHILDREN.

Theodore Davis Adlerman, A.B., M.D., Brooklyn, N. Y.

In presenting to you certain psychological conditions as found in children, we must first, all of us, agree that we understand the word "childhood" is applied from the age of one year to sixteen, which presents more problems, more mysterious problems, to the child than any other period of its life thereafter.

While we can not say that the psychological conditions arising at this period of life in the child are plentiful, still they have shown such a marked increase of late years, and considering the general tendency of increase in insanity among the people of the country, I think the time will be well spent in considering a few of the psychological aspects and conditions as found in the early age of the human being.

We will make no attempt to take up here or present for your consideration, idiocy or imbecility or congenital defects, or arrested forms of mental development, but we will limit our description to a few of the mental disturbances as found in childhood.

Let me say here that the earliest age at which definite mental derangements have been found to occur in children has been positively recorded as two years, and that it is almost a matter of impossibility to positively and conscientiously decide this question before that age. You will all of you agree with me that before two years of age the mental development of the child is not strong enough even to connect ideas, and the mentality here depends mainly upon the special senses through which the child receives his impressions. It is only from the age of four that we may commence to notice the first mental disturbances. You can, therefore, draw your own conclusions when you read of certain pseudo scientists, in a certain Windy City, who sprang into the newspaper limelight, when they declared certain newborn children as insane on the first day of their birth.

In studying the etiological question of insanity in children, we can not help but be impressed with the important rôle played by heredity. Inherited nerve weakness is manifested in 98 per cent. of all cases, and the family neurosis appears and reappears time and again in different generations and in different forms. If the scientist, who not long ago declared that there was nothing in heredity, would only study up the etiology as it is found in this particular branch he would quickly change his ridiculous claim.

Side by side with inheritance, alcoholism stands out most prominently as the main factor—a factor which, like a most terrific monster, is merciless in its destruction and sure of of its terrific after-effects. Cases of nervous instability in children of alcoholic parents far exceed the number found in the non-alcoholic families. Argue as much as you please, try and sidestep it all you can, but you can not get away from the fact that alcohol is the destroyer of mentality of the future generation.

The infantile brain, as you all know, is much more susceptible to poisons than that of the adult, and the transmission of alcohol in the milk of the wet nurse, where it has been introduced through the mouth, is a crime which should not be tolerated by any conscientious man or woman. It is crime not only against the poor, helpless unfortunate victim, but is a crime against humanity at large.

If we can produce convulsions in a nursling by alcoholic intoxication following the ingestion of alcoholic spirits on the part of the nursing woman, think what happens to an offspring of an alcoholic father and mother? Do away with alcohol and in thirty years you will close, if not every insane asylum in the country, at least most of them.

Epilepsy, the side partner of alcohol, is another vital factor in the production of psychological conditions in children. Epileptic parents should not procreate; epileptic parents should be prevented from it, as most of the children coming from epileptic parents will at a future date become a burden to the community as inmates of the insane asylums.

I suppose if I were not to say here a word about syphilis and its influence in the insanity of children, most of you would consider this article as incomplete, and perhaps even unscientific. But, gentlemen, while syphilis may have something to do with these particular insanities its rôle here is very much uncertain. We must bear in mind in conjunction with this, that while claims are made for hereditary syphilis to play an important part in the etiology of the psychoses of early life, for example, in imbecility and idiocy, yet but few cases can be traced to it, and in the asylums for idiots but little hereditary syphilis has been found.

General unhygienic surroundings, improper and insufficient food, infectious diseases, traumatism, sunstroke, ill usage, sudden fright, chorea and the enormous high pressure and slave-driven methods of our present educational system in schools, a system which does not take into consideration the individual child, a system which piles its burden on all children alike, no matter what the nervous temperament the individual child may be in, a system which does not regard or consider the nervous stability of the child, are among the next important causes in the production of insanity in children, and many are the poor, little innocent victims of this criminal lack of understanding of their requirements.

Many alienists also consider masturbation as a dormant factor in the production of this psychosis. While it may, in conjunction with all other

described causes serve to augment and hurry the condition, the act by itself alone will not result in insanity.

The first and most common psychosis, mania, met with so frequently in adults, is not seen so very often in children. It is only seen in the post-febrile conditions, when it assumes a hallucinatory confusional type. It may be encountered after chlorosis, typhoid fever, scarlet fever, influenza, and such other affections. Hallucinations make their appearance, excited talk and restlessness is present, constant visions float before the eyes of your young patient, visions most of which are of a terrific nature, which the child will try to escape by all possible means. This may last for about twelve days, after which a fairly rapid recovery may follow, or a depression may ensue which is liable to last for weeks.

Melancholia is found mostly in children at the stage of approaching puberty. The child will forsake his playmates and games and will try to exclude himself, stay away in seclusion, become gloomy and ambitionless. Delusions pertaining to physical conditions, suicidal impulses, will make their appearance at this stage and have to be guarded against in each and every case, as suicides in children in this condition are brought about by means which the adult would never think of. To illustrate this point, I may mention that one of my little patients, when the nurse left the sick room for a little while, powdered up two electric light bulbs and was only prevented from swallowing the mixture by the timely entrance of the mother. Very few cases of periodic insanity have been observed in childhood, but if you know of any child which has periods of dullness, periods of depression, periods of gloominess and then periods of exaltation and high spirits—better look out for the future of this youngster.

General paresis, while its presence in childhood is somewhat problematical, yet it has been found in some children, especially in girls. The type presented is one of progressive dementia. In these cases, a complete loss of memory (in various degrees) followed by a marked decrease in general intelligence of the child, a decrease which is especially marked in perception of events of its daily life, is the first symptom to call the attention of the relatives to the condition of the child. The family physician is called in, and, unless he is well versed in the subject, he treats the child for anemia or malaria; golden time is lost, sometimes so much of it that it is almost too late to do anything.

Dementia may often follow typhoid and cerebro-spinal meningitis; it will also follow overstrain, mental overwork at school, and these cases are poor as to the final prognosis. How foolish it is for some parents to make the lives of their children miserable because they do not progress at school, and keep on pounding and harping on the same subject day after day until dementia can not help but set in.

Paranoia has been and can be recognized in early childhood. These children are dreamy, irritable, and inclined to the most passionate outbursts.

They will keep on constantly complaining of family wrongs, of neglect on the part of the parents. These children are either abnormally slow or abnormally rapid in learning to walk. Their perverted sexual instincts come out very early and the abnormal "ego" comes up to the surface at all times. As you know, paranoia even in children, like in adults, is a disease of personality. The age of puberty is very dangerous in these children, as the erotic ideas mix with the deceptions, hallucinations mingle with delusions, and the case enters into the dangerous stage.

Dementia precox, which has of late made such terrific strides among children, is another type which is not easily recognized by the physician. In no other form of childhood insanity does heredity play such an important part. In nearly 95 per cent. of these dementia precox cases you will find the hereditary taint, and three elements are most emphatic in the ancestry—dementia precox itself, alcohol, and abnormal personality. Marital incompatibility is another significant factor in very many of these cases.

Such children are very often nervous, disturbances of sleep are present, night terrors, convulsive seizures accompanied by cries, hallucinations, sudden attacks of anger and passion, reactions to emotional causes entirely out of proportion to the cause, in fact, continual dissatisfaction, imperative ideas and imperative actions, impulsive desires to steal and to hoard useless things—all these should awaken the parents to the danger facing them. In conjunction with this I want to say that a recent investigation made at Chicago out of one hundred children arrested for one crime or another, 75 per cent. were found suffering from dementia precox.

I suppose a word of two must be said here about neurasthenia and hysteria in children or this article would not be complete. These two diseases do not present any symptoms in children which are in any way different from those which neurasthenia and hysteria present in adults, with the exception perhaps that it is a little more difficult to determine the presence of the different phobias. Agoraphobia and claustrophobia are found in nearly all cases of neurasthenia and hysteria as manifested in children. Suicidal impulses occur in some cases as well as the tics, ptosis, amaurosis torticollis, which are found in the hysterical cases. Combined cases of hysteria and neurasthenia are also met with.

The general outlook as to the outcome of these above-mentioned psychoses is not bad and in many cases very favorable under proper conditions. A guarded prognosis, however, should be given in all those conditions in which the psychoses follow typhoid, cerebro-spinal meningitis, or where there is a positive brain lesion, as the outcome here is somewhat uncertain. The cases of dementia which follow overwork of the brain, or the cases of progressive paralysis, do not terminate so favorably, and the outlook is very grave in every case.

The time allotted me for the reading of this article will prevent me from entering fully into the treatment of the diseases, but it is my intention

to take it up at some future date, when it shall constitute a special article. I will, however, say a few words in regard to the general measures to be employed in these affections.

It is our duty, whether you are a neurologist or a general practitioner, to warn and instruct the parents of children with a psycho-neurotic ancestry as to what may happen to their children under adverse circumstances, and that proper training, educational, hygienic and psychologic, is an absolute necessity. The diet in these cases is very important. Milk, eggs, butter, cream, cod liver oil, must be given in proper quantities, in proper forms and under proper conditions. Meats, pastry, confectionery are best avoided. Overfeeding should be the rule in the cases rather than underfeeding. Pure water is the best drink and should be given freely. Exercise, baths, rest and medication will be discussed in another chapter in the near future.

THE MENTAL DEFECTIVE.

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It would be difficult, if not impossible, to set up a standard by which all human minds could be judged on the question of sanity or insanity; of mental effectiveness or defectiveness, because there must be left such a wide latitude for variation in mental powers of minds that we recognize as sane and competent. A mind may be (to use general terms) broad and strong and sane; it may be small and narrow and still remain sane, as in the case of the uneducated man of our lowest classes, whose mind, though untaught, is still sane as the mind of the educated statesman; so there can be no rule, fixed and fast, by which minds can be judged, except the general rule that the mind must be able to govern and direct the body for its own best interests; and to harmonize its own activities and ideas with the activities and ideas of other minds. In other words, it must have a proper association of ideas.

The association of ideas is one of the tests of mental balance. The ability to receive and properly associate the different items of information and impressions communicated to the mind through the agency of the five senses is a mark of the amount and quality of mental development. Judgment is formed in the associate idea centers, and if judgment or conclusions be not logical then the mind is not working properly. Applying this rule, or test, we find a certain proportion of the minds of a community will not measure up to the standard. In times past we have applied such names as insanity, imbecility and idiocy, as terms descriptive of the condition present.

The term "insanity" is generally accepted as applying to cases that have lost, either temporarily or permanently, their mental balance; while idiocy and imbecility are considerd as belonging to cases of congenital men-

tal weakness. A more careful study and closer observation has brought into use another term to describe a class that does not seem to belong under either of the above designations and that, too, a class that probably outnumbers some of the others.

This class is probably best described under the term "mental defective." The mental defect in *these* cases is probably always congenital and shows as early in life as any effort is made to train or educate the child. In this group we do not wish to consider idiots or imbeciles, as these are all of too low a type of mentality for our discussion, but we will consider only those children who, while possessing some mentality and some ability to learn, are still so far below the average in this respect that they must be classed as defective. The child with a mind of this grade may be ordinarily vigorous and healthy, or at least show few physical stigmata of mental defect; but as he grows older his mind, feeble and inefficient as it is, fails to develop or keep pace in development with his body. In other words, while he may physically develop approximately with the standard of his years, his mentality will progress so slowly as to be out of all proportion to his size and age.

Children of this type in our common schools are found in the lower grades and never seem to be able to master enough of their tasks to pass to the next grade, except after long and repeated efforts, and, in many cases, these children drop out of school because they will not associate and recite with children so much smaller than themselves. For this reason many of them manage to obtain but a meager education. In other instances the mental defect does not preclude the possibility of acquiring an education, but shows itself along other lines, particularly along lines of moral conduct, and the boy or girl develops traits of dishonesty or untruthfulness, or immorality, or unreliability along some other line.

As these persons grow older and begin to develop into manhood and womanhood, the mental defects become more apparent, and, while many of them are self-supporting and lead lives of quiet, plodding, commonplace industry, many others develop traits of character that make them a positive menace to society. During the ages of from eight to eighteen they evidence the traits of incorrigibility, ugliness of disposition, dishonesty, untruthfulness and often of cruelty to other children. In the school, dullness, disobedience, untruthfulness and truancy are marked in nearly all of these children. As they grow older they are often found in the juvenile courts, and, in many instances, the boys are sent to the Reform Farm, or the girls to the Industrial School. In later life the girls *may* be found in houses of prostitution, or following other dishonorable means of making a livelihood; the boys given to petty thieving, gambling in a small way, loafing or tramping through the country as professional tramps, or making a livelihood in any other way than by steady application to honest work, so that a considerable percentage of this group of mental defectives is likely to

become a nuisance to the community. A great majority of the criminal class undoubtedly belong to the mentally defective group, and moral delinquents, who have no conception of the enormity of their moral misdemeanors, are undoubtedly mentally defective.

The chief *etiological* factor in this mental condition is heredity. From 80 to 90 per cent. of cases can be traced directly to or through the parents, while the remaining cases are doubtful on this point or can be traced to accidents of birth, toxic diseases and other causes. The laws of heredity are not entirely understood and many unaccountable variations are found in children of the same parents. Genius, it is said, has neither ancestry nor posterity, but is an accident of birth. In a large family of children there is likely to be one or two mentally brighter and more vigorous than the others, and, conversely, there is sometimes one child that is mentally dull and not at all the equal of the other members of the family in mind power. No one has yet offered any satisfactory explanation of these variations, except that they may be due to the variations of health, vigor and vitality in the parents.

The children of one father and mother will inherit qualities from both. In most instances the characteristics of one parent will predominate, and in a family of several children there are almost certain to be some who will take more strongly the characteristics and traits of the father, while others will inherit more strongly from the mother. These traits may be physical or mental; they may be normal, abnormal or defective. If one or both of the parents be mentally defective, how shall it be possible that the children shall be mentally normal? A father who has been a sufferer from dementia precox can hardly give mental or physical vigor to his children; or a mother who is a congenital mental defective will scarcely, even when mated with a strong, vigorous man, produce a family of children that are all mentally normal; and these children, growing up and marrying, will produce another generation of defectives. The history of the notorious Jukes family, traced throughout several generations, is a good illustration of this point. The descendants of this single couple number hundreds of criminals, tramps, prostitutes, idiots, and other mental defectives.

It is not to be reasoned from what has been said that we wish to class all criminals, all prostitutes, all tramps or all delinquents of any kind, as mentally defective *in the ordinary sense of the term.* Many of these persons show considerable mental ability—at times amounting to almost genius —but there is always, in such cases, a blunting or a perversion of the moral senses, and we have again to call attention to the evidence of an improper association of ideas. The sane, well-balanced mind, gives due consideration to the rights of others, and gives proper association of this idea with ideas having to do with his own rights. The moral pervert has no clear conception or well-grounded principles of right regarding the law

of morals. The rule of life with this class of persons is to do as they please, regardless of the rights or comfort of others.

In considering the question of etiology, next in importance to heredity will come environment, and by environment we mean family and home influences and surroundings, education and training, food, work, recreation and companions. While none of these things have so far-reaching an influence as heredity, they may greatly aid or hinder in the development of traits of character that go to make up the future of the individual. For instance, it is a much discussed question as to the exact influence *exerted by a drunken father* upon a family of children. Many will say that the children of such a father are sure to inherit a weakened and disordered nervous system and lowered vitality and a greatly decreased chance for mental and physical strength through life, attributing all to the damaging effect of alcohol upon the physical system, and point out that many of the children of such parents become drinkers or loafers or mental defectives. On the other hand, it is claimed that the most direful effect of alcoholism in the parent comes from the fact that such children are reared in poverty and want and even in squalor and wretchedness, without sufficient food, improperly housed and poorly clothed, brought up in surroundings where every moral sense is blunted, where the natural affection for the parent is destroyed and the development of the child's mind perverted and turned into improper channels. Let either or *both* of these theories be true, as they probably are, they are only examples of what environment may do for a mind which needs careful protection and development. A child that is reared in an environment of quarreling and bickering, of vulgarity and profanity, even if not in poverty, has little chance to develop the best mentality of which he might be capable. It is true that children with naturally bright minds, in even unfavorable environment, often grow up to be good and useful citizens; but the child with a mind that is easily impressed and of no great ability, often fails to rise above the level of its environment; and if to this unfavorable environment there be added a slight degree of mental defectiveness, how much more impossible it becomes for the child to attain to anything better than the condition of the parent.

Causes, other than environment, are due to either disease or injury. Certain toxic forms of disease will produce mental enfeeblement, such as infantile paralysis or infantile hemiplegia. Epilepsy in children is responsible for many cases of mental deficiency. The various forms of epilepsy produce a wide variety of mental disturbance. To such an extent is this factor recognized, that it is almost impossible to convict an epileptic of crime, as he is regarded in most instances as of doubtful mental responsibility.

It is recognized by the medical profession that, for this state of mental defectiveness, there is no cure in the sense of procuring a development of normal mental power. Most of these cases are, and must always remain, a problem of care and treatment on the hands of the family, their friends

or the State. The big problem of the present and of the future in sociology, criminology, eugenics or race betterment and all associated ideas, is, can anything be done, or, what shall be done, along the line of management and prevention? In the past, nothing has been done in this way, and these boys and girls have been growing up, marrying and reproducing their kind and keeping up the supply of moral and mental degenerates and criminals. The State has done nothing except along the lines of punishment or control of the individual.

The history of such children in the past has been about as follows: They have played truant from school and been brought into the juvenile courts by the truant officer, or for other petty causes or offenses have been arrested at the instance of parents or family and been presented in the court to be disposed of. Sometimes their offenses have been rather insignificant, sometimes of a gravity almost to amount to crime, but the continued indulgence in their propensities for mischief make it necessary to put them under some restraint. The usual procedure has been to send them to houses of detention or to reformatories. In these institutions it has been shown that some of them learn new lessons in crime and misdemeanor and are discharged worse, morally, than when they entered. A few years ago, the "Big Brother" plan was tried in a number of cities, and, while undoubtedly it succeeded in some instances, it probably never succeeded in the mental defective.

It would seem that neither punishment nor reward will accomplish, in these cases, the desired result, and the reason of the failure is probably to be found in the fact that the mental condition of the boy or girl is not sufficiently taken into account. There is, and can be no reform, in the moral sense of the word, for this class of delinquents, because there is not present the mental basis on which to build reform. Reform has to do with *changing* and *raising* of the *standard* of *morals* and *ideals,* and these defective boys and girls are not capable of these changes, and for this reason we, too often, begin at the wrong time of life to effect any reformation, or any improvement in the patient's character.

Those who have given the question careful study and are entitled to speak intelligently on the subject, assure us that among the things that should be done for children, such as we have tried to describe, the most important is an early recognition of the presence of the mental defects, in order that the education of the child may be given proper direction and proper efforts be made to secure as high a grade of mental development as possible; that the child be placed in proper environment and kept under observation and training, with the object in view of raising the mentality to the highest possible level. It were far better that the State provide for the care and attention of these mental defectives rather than let them grow to increase the ranks of the dependents, the defectives, the immoral and the criminal. Let them, if necessary, always remain under the control and

supervision of the State, to the end that they may not be allowed to marry and reproduce their kind, or have absolute freedom to wander about as vagrants or beggars, or in other ways become a menace or nuisance. They need not be confined in an institution but may be kept simply under supervision.

In some of our larger cities the juvenile and delinquency courts are employing the mental tests with the boys and girls who are brought before them, to determine if they be of the proper intelligence to be mentally responsible for the acts for which they have been arrested, and in a surprising number of cases it is discovered that the boy or girl presented is mentally defective to a considerable degree. These tests cover a wide range of mental activity and are scientifically and accurately graded for the different ages of children. All the different qualities of the mind are tested—memory, judgment, ability to count, to read, to speak or pronounce correctly, to add or compute in numbers, and to copy or to draw simple figures. In fact, the endeavor is made to cover the wide range of boy or girl mental activity. A standard is set for each year of age, and, by a system of averages and points, the mental age of the person is discovered. Many a boy of fourteen will be shown to have the mentality of a boy of eight. This, of course, shows his mind to be subnormal.

By the use of these tests, several important things are determined. First, the amount of mental development attained in the child, and the bent of mind and direction in which this mentality shows best development. On this basis, the future education and training of the child is begun. If the mental tests show the child possessed of enough mentality to receive education and training, he can be placed in a school, or community adapted for that purpose, but if the mentality be of so low a grade as to make efforts at real education out of the question, the child may be placed in proper environment to make its development into maturity free from the risk of having it fall into the ranks of the criminal or moral defective.

It is not necessary to enter here into a description of the Binet test, or of other point tests, except to say that they are scientifically arranged and fairly accurately adjusted to the different years of child life; and the task of discovering by means of their use, the mental status of the child, is rendered simple, though by no means easy. The application of these tests requires careful study, patience and perseverance, as well as adaptability to the work in hand, but a proper classification of these cases is impossible without some such means to determine the mental state and possibilities of the child.

In connection with this test there is given each child a thorough physical examination. In some instances physical defects are found which profoundly affect the comfort and even the character of the child. The presence of eye defects, or defects of hearing, are often accountable for a pupil's seeming stupidity or dullness. With these defects properly over-

come, such children, in some instances, will show rapid mental development. The presence of adenoids, enlarged tonsils or a phimosis, will give rise to troubles that must be corrected before we can hope for any betterment in the patient's nervous or mental condition. The presence of systemic disorders, such as feeble digestion and assimilation, anemia or other disease conditions, are carefully looked for, to the end that every possible contributing factor to the patient's health and comfort shall be thoroughly examined and its condition determined. Added to this, an investigation of the child's home environment is made, so that it may be clearly understood under what advantages, or disadvantages, the delinquent is placed in his everyday life. As a result of this thorough investigation and examination, the physical ailments are given proper attention; the unfavorable elements of his environment are overcome, so far as possible, even to the extent of changing the child's residence, or placing him in a different family, or in a community or school suited to the purpose in hand, so that all sources of unnecessary irritation and annoyance are taken out of the child's life and he is given a pleasanter, happier existence.

His education is followed out along lines that will give development and training to the mental faculties that show ability for development. For instance, a boy may show no ability whatever in mathematics or languages, but may have a mechanical bent of mind that will permit of a considerable degree of development, and his education along this line will serve to occupy his mind and make life a pleasure to him, and give him development enough to become a contented and useful citizen; whereas, an effort to educate along the line of mathematics or languages would be a failure and cause the boy to give up all efforts at study, to take to truancy and to idleness, because his daily life was so distasteful; and truancy is the beginning, usually, of bad associations, bad habits, bad morals and a wasted life.

It will sometimes be discovered that change of occupation and environment only are necessary to keep a delinquent boy from growing into a bad man. Some of these boys are taken away from the atmosphere and influence of city life and placed upon the farm, or the ranch, where they find life more congenial to their tastes and where the tasks imposed are more nearly within their limitations, and, adapting themselves to their new conditions, they become quiet, orderly, honest citizens. Study of this subject and investigation and examination of these cases, has demonstrated that *agreeable employment,* in the *proper environment,* has much to do with developing, properly, the boy or girl mind. In this, we speak of the cases of mental deficiency that are of the higher grade. They should be more properly termed "mental delinquents," as their deficiency is not of so great a degree as to preclude the possibility of a reformation of character.

The question still remains, however, of what shall be done with the mental defectives who are not capable of this mental development and

education. They can not be classed as idiots or imbeciles, for they are too bright for that. They can not be classed as insane, for their minds are not enough disturbed to put them in that class. They are mentally defective only to a degree. Most of them have no conception of the moral law, or, at least, their powers of resistance in any question of right and wrong are very feeble, and from this class come many recruits to the great army of tramps, beggars, thieves, prostitutes, and other undesirable characters.

For those who have already grow up to years of maturity and joined the ranks of these undesirables, there is no hope, but for the children of to-day and of future generations much can be done. The backward boy or girl should be carefully examined as soon as it becomes evident that he is not, mentally, doing the work for his standard of years. His condition should be carefully investigated and the cause of his delinquency rightfully determined. If the cause be physical, it is within the province of the physician to correct it. If it be environmental, it is within the power of the community or State to give the proper remedy. If it be purely mental, it is within the power of the community or State to place such child in a school or institution scientifically adapted to the instruction and development of such children. It is within the right of the State to assume an oversight of such children, to see that their lives and surroundings, their education and employment, are such as will develop all that is good in them, and to hinder the development of undesirable, dangerous and vicious qualities. All this on the principle that the State has the right to take care of those who are not mentally capable of caring for themselves, and of preventing the propagation of defectives, criminals, and other undesirables.

In the matter of prevention it would seem that the State might well take steps to prevent these mental defectives from marrying and reproducing their kind. Some States have attempted to pass and enforce laws touching this point, and there is little question that, in all States, there will come to be laws restricting the right of marriage as touching this class of persons.

With respect to person, some of our States have passed laws legalizing the unsexing of men or women suffering from certain forms of mental defectiveness. It is a question how far public opinion will support this course, but there can be no question as to the adequacy of the remedy. Castration would, undoubtedly, greatly diminish in numbers certain forms of delinquency in the individual and would prevent the possibility of descendents. For instance, imbeciles, at about a certain age, begin to follow the practice of masturbation, and, of course, follow it to excess, upon which a mental deterioration sets in, which lowers the child's already weak mentality to a very serious degree. The practice of masturbation is only too common among weak-minded children of both sexes, and the continued practice of it is often held responsible for mental deterioration. This is probably an error, as masturbation is a result, rather than a cause, of mental

defect. Castration could scarcely be anything but beneficial to the individual in many of these cases. The sexual pervert who commits assault, with rape and usually murder, would be effectually cured of this criminal tendency. Not many weeks pass that the daily newspapers do not bring to our attention instances of appalling crimes committed by this type of mental defective. And who can say that castration would not be an effective, as well as a just and proper remedy in these cases, or for any man in whom the sexual passion gets beyond his control?

Vasectomy is the most recent surgical remedy offered for these sexual perverts, but, while the effect on coming generations might be beneficial, it certainly does, and can do, the individual no good at all, but rather the opposite.

The evidence elicited at trials for moral degeneracy, in many cases, is truly startling. The frequency with which instances appear of fathers violating the chastity of their daughters, and maintaining sexual relations with them, or of girls, only children, making a business of soliciting men, and of the unspeakable abominations to which women resort, and of the absolute lack of morals among numbers of boys, go to show to what an alarming extent mental degeneracy involves the moral sense. The disgusting stories told by these girls upon the witness stand show to what depths of depravity even reputable business men can sometimes allow themselves to sink. It can be said there must always be two parties to the sexual transaction, but in such cases as above mentioned it will be found that at least one party, if not both, is a victim of mental defectiveness, or, as generally expressed, degeneracy. Instances of degeneracy along the lines above mentioned are not, by any means, rare in the delinquency trials, but are of frequent occurrence. Files in these courts also disclose the fact that in many instances the quarrels between husband and wife and the resultant trial for divorce have their real cause in mental defectiveness in one, and sometimes both parties to the suit.

Proceedings in our criminal courts often go to show that the prisoner at the bar has always been known to be of a peculiar mental turn; to have done unaccountable things; to have seemed to be irresponsible in some ways. In other words, to have been always a mental defective. Indeed, it is a question whether any man or woman, who habitually follows a criminal or dishonest life, can be shown to be normal, mentally, and the question is, how far shall they be judged mentally responsible?

The genus hobo, or common tramp, is, usually, a mental defective. He prefers to dress in rags; to exist in filth and live wholly void of object or purpose; to endure the contempt and scorn of all men rather than devote himself to earning a livelihood. The same may be said of the beggar.

The common prostitute is often such from mental rather than from moral reasons, and her prototype is found among the erotics of the opposite sex. These persons are not immoral, they are simply unmoral. They have

not violated their moral ideals since they have no moral ideals to violate. Petty thieves, pickpockets and sneak thieves are usually such from mental perversion rather more than from environment, while no one will claim that pyromania and kleptomania are due to other than mental defects.

The habitual criminal is an example of the criminal mind. He follows a life of hardship and usually of poverty. His living is a precarious one, and the dangers and risks attending his profession are such as would deter a man of well-balanced mentality from following such a life; but in the active years of young manhood and young womanhood these abnormal mental impulses seem so strong that these weak mentalities have no power, and, indeed, no desire to resist them. When we remember that nearly all active criminals of the so-called higher class, *i. e.*, highwaymen, bank robbers, burglars, train robbers and bandits, are young men, often scarcely more than boys, and that older criminals commit less hazardous crimes, it will be seen that the criminal impulses of man are most active in the years of his early manhood, and that, with advancing years, he grows more quiet, or, we might say, more stable and less inclined to the active phases and daring feats of this business. This is a perfectly natural mental evolution and may be seen in the majority of minds everywhere, sane and insane.

The question of what shall be done about it all resolves itself into a series of questions. First, with respect to the mentally defective child—his mental status and possibilities. Let an examination be made in order to learn his mental capacity and to discover a mental aptitude in any particular direction, that this may give a trend to his future education and development. Many of these children may be benefited by special work and supervision by competent persons along the line in which they show their best ability; for, though they are not able to receive a general education, they will be greatly benefited by training along some special line. As these children grow older this supervision and oversight will, in most instances, be necessary to make them persevere until they have reached an age of some stability and formed habits of industry and proper self-control.

The question of treatment or care of adult cases of mental defectiveness is one of the most difficult of all. What shall be done with those persons who, having arrived at years of maturity, have inclinations and impulses which, if allowed to influence and direct their lives, will make of them characters that will prove a nuisance, or even a menace to the community in which they reside? To be sure, there will be harmless cases that go about our country as vagrants and beggars, or following other useless or vicious habits, who seem to be hardly worth while spending time or energy trying to improve, but whose pitiable state might, in most instances, have been prevented, or greatly ameliorated, had proper steps been taken in their childhood.

But what shall be done with the criminal cases, and the adult moral delinquents? In times past there has been but one answer to that question

and that has been, punishment. And we might say that to-day the answer would be punishment and reformation. The thief, who, upon his trial, is shown to be an habitual criminal, is sentenced to a more lengthy term of imprisonment, and, depending upon his age, is sent to a reformatory or to a penitentiary. Years ago, the idea of punishment in a penitentiary was followed out by making the life of the prisoner hard and unpleasant, that he might be made to bitterly regret his crime. Indeed, it was announced as a principle of prison punishment that the more harsh and dreadful the punishment, the more fear or terror it would incite in the mind of the criminal. In later years, harsh treatment has given place to more humane methods, and many good men and women have labored earnestly to effect a reformation of character in these unfortunates that they might go out from the prison better qualified to live among their fellowmen. A little study of criminology along psychological lines will show that most of these unfortunates are criminals from mental defect rather than from deliberate choice, and, therefore, neither punishment nor reward can be depended upon to accomplish much in the way of reformation.

For the good of the community and for all concerned, it would certainly be better to let the State continue to exercise controlling supervision over criminal delinquents after they are discharged from reformatory or penitentiary. Let them be given employment and the means of honest livelihood and be safe from the influences of old companions in crime. Let there be given opportunity for those desiring to reform, and active supervision kept over those still needing it. This supervision may be discontinued as each individual case shows that it is no longer needed.

What shall be the treatment of the moral delinquent, *i. e.,* the sexual moral delinquent? At present there seems to be no answer to this question that is likely to be accepted by any community or State. Shall these sexual perverts be unsexed and their desire or power for intercourse be taken from them? To this question many will say, yes, arguing that for the individual much benefit will be derived, while no one can dispute the good that would accrue to the community at large, as well as to posterity; but at present the great majority would answer this question with an emphatic no; that this would be a dangerous power to place in the hands of any man, or any committee, or any community, and that great harm and injustice might be done in many instances. Also there seems to be an inherent belief that no community or State can claim the right to violate the person of any citizen.

The need of control and management of these defective persons is becoming more apparent every year, and the feeling that something must be done is constantly growing stronger. To allow mentally defective men and women to marry and raise families of defectives is surely very unwise. To allow sexually degenerate men to go at liberty, with the possibility of the crime of rape or outrage always latent in them, seems foolish, indeed; and to turn known criminals loose upon the public, as is done every day

by our prisons, knowing that they will at once return to a life of crime, would certainly seem the wrong thing to do. There must be a better way to manage the mentally defective, who, since he is not competent to manage himself for his own best interests, must be managed by family or State.

For the child, let there be an early recognition of his defects and let him be educated and developed accordingly, that there may be no opportunity for the development of criminal tendencies. If the defect be of a moral nature, or be of a sexual character, if unsexing the individual will give the best results, as it certainly will to both individual and community, let that be done. A careful and rigid following out of this plan for one generation would certainly produce the most astounding results in the reduction of these dependent classes. For those who have already arrived at adult age, little can be done, except to maintain supervision and control where necessary, to the end that their criminal activities may be greatly lessened. These persons should not be shut up and kept in idleness. "The idle brain is the devil's workshop." In no other class of persons is the truth of the old saying so plainly exemplified, in both children and adults, as in this. If these persons are idle very long they will invariably get into mischief.

The physician will be called upon to render a most important service in these matters, both in our schools and in our delinquency courts, to the end that intelligent action may be taken and the best interests of these children conserved. This course has already been taken in some countries, and in some States of America, and it behooves us, as intelligent and educated physicians, to be prompt to take hold and give our assistance in this mighty work.

SOME FORMS OF INSANITY NOT USUALLY RECOGNIZED.

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What is insanity but a condition in which the subjective mind has entire control of the individual upon some subject. In correlating a number of cases, I shall quote freely from Dr. A. M. McDonald:

"In the study of genius, it will be interesting to give the opinion of geniuses themselves:

"Aristotle says that under the influence of congestion of the head there are persons who become poets, prophets and sybils.

"Plato affirms that delirium is not an evil but a great benefaction when it emanates from the divinity.

"Democritus makes insanity an essential condition of poetry.

"Diderot says: 'Ah, how close the insane and genius touch; they are imprisoned and enchained, or statues are raised to them.'

"Voltaire says: 'Heaven in forming us mixed our life with reason

and insanity, the elements of our imperfect being; they compose every man, they form his essence.'

"Pascal says: "Extreme mind is close to extreme insanity.'

"Mirabeau affirms that common sense is the absence of too vivid passion; it marches by beaten paths, but genius never. Only men with great passions can be great.

"Cato said, before committing suicide: 'Since when have I shown signs of insanity?'

"Tasso said: 'I am compelled to believe that insanity is caused by drunkenness and by love, for I know well that I drink too much.'

"Cicero speaks of the 'furor poeticus'; Horace of the 'amabilis insania'; Lamartine of the mental disease called genius. Newton, in a letter to Locke, says that he passed some months without having a 'consistency of mind.'

"Chateaubriand says that his chief fault is weariness, disgust of everything, and perpetual doubt. Dryden says: 'Great wit to madness sure is near allied.'

"Lord Beaconsfield says: 'I have sometimes half believed, although the suspicion is mortifying, that there is only a step between his state who deeply indulges in imaginative meditation and insanity. I was not always sure of my identity, or even existence, for I have found it necessary to shout aloud to be sure that I lived.'

"Schopenhauer confessed that when he composed his great work he carried himself strangely and was taken for insane. He said that men of genius are often like the insane, given to continual agitation.

"Tolstoi acknowledges that philosophical skepticism had led him to a condition bordering on insanity. George Sand says of herself that at about seventeen she became deeply melancholic; that later she was tempted to suicide; that this temptation was so vivid, sudden and bizarre that she considered it a species of insanity. Heine said that his disease may have given a morbid character to his later composition."

It is due to the medical men, whose life brings them closest to abnormal reality that such facts have been gathered. If it be said that the abnormal or exceptional must be taken with some caution, because it is natural for the mind to exaggerate striking characteristics, it must be remembered that such facts, when unfavorable to reputation, are concealed. In the study of any exceptional or abnormal individual, as the insane or the genius, one finds much more concealed than is known.

Pausanias, the Lacedemonian, after killing a young slave, was tormented until his death by a spirit, which pursued him in all places and which resembled his victim.

Lucretius was attacked with intermittent mania. Bayle says this mania left him lucid intervals, during which he composed six books, "De rerum natura." He was forty-four years of age when he put an end to his life.

Charles V. had epileptic attacks during his youth. He stammered. He retreated to a monastery, where he had the singular phantasy of celebrating his own funeral rites in his own presence. His mother (Jane of Castile) was insane and deformed. His grandfather (Ferdinand of Aragon) died at the age of sixty-two, in a state of profound melancholia.

Peter the Great, during infancy, was subject to nervous attacks which degenerated into epilepsy. One of his sons had hallucinations; another convulsions.

Caesar was epileptic, of feeble constitution, with pallid skin, and subject to headaches. Linné, a precocious genius, had a cranium, hydrocephalic in form. He suffered from a stroke of paralysis. At the end of one attack he had forgotten his name. He died in a state of "senile dementia."

Raphael experienced temptation to suicide. He himself says, "I tied the fisherman's cord, which I found in the boat, eight times around her body and mine, tightly as in a winding sheet. I raised her in my arms, which I had kept free in order to precipitate her with me into the waves. . . . At the moment I was to leap, to be swallowed forever with her, I felt her pallid head turn upon my shoulder like a dead weight and the body sink down upon my knees."

Pascal, from birth till death, suffered from nervous troubles. When he was only a year old, he fell into a languor, during which he could not see water without manifesting great outbursts of passion; and, still more peculiar, he could not bear to see his father and mother near each other. In 1627, he had paralysis from his waist down, so that he could not walk without crutches.

Walter Scott, during his infancy, had precarious health. He had this vision on hearing of the death of Byron: Coming into the dining room, he saw before him the image of his dead friend. On advancing toward it, he recognized that the vision was due to drapery extended over the screen.

Voltaire, like Cicero, Demosthenes, Newton and Walter Scott, was born under the saddest and most alarming conditions of health. His feebleness was such that he could not be taken to church to be christened. During his first years he manifested an extraordinary mind. In his old age he was like a bent shadow.

The peculiarities of the life of Michael Angelo, Richelieu, Descartes, Goethe, Cromwell, Mozart, and many others of genius, might be mentioned to show the relation of genius to insanity.

It is true that many of these cases mentioned may have had some abnormal physical condition, but a large portion of all men of genius are simply living in a subjective state. The subjective mind is dominating the objective mind. As our modern psychologists teach us that man has two minds, the objective and the subjective, and whenever our subjective mind controls us on any one subject, we are insane on that subject. The reason

that this is true is because of the fact that one of the attributes of the subjective mind is that it reasons by one method only, that of deduction; thus, if given a wrong or erroneous suggestion, it reasons from that premise up to final conclusions, which is wrong or erroneous as the case may be. Of course, the opposite of this is true; if the subjective mind is given a good suggestion it will reason from that to final conclusions.

Thus we see that all through life we should control our subjective mind with our objective mind, and not allow our subjective mind full sway on any one subject.

CONSANGUINEOUS MARRIAGES AND THEIR EFFECT ON THE OFFSPRING.

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A casual observer, watching the development of plants and animals, would hardly believe these processes capable of two distinct classes, so much do they resemble. He notes the early growth of the vegetable in germination, flowering, seeding and early growth. Step by step flowers and seeds wither and die (if annual in nature) passing into a resting condition. The perfection of the plant very largely depending on the seed as to its perfection, size, shape, ancestors and environment. The seeds invariably depends upon the vital nature of the pollen, its fertility, and ancestral worth. If one or both are imperfect, then we will probably have as a result imperfection.

The animal from the time the spermatozoa fertilizes the egg-cell onward is important, but what is more important to its future and perfect success is the character and degree of perfection of the author of both the egg-cell and the spermatozoa. If both are perfect, then only perfection can be the result. This is the point I would have you see, that it matters not from what family both or either originate, if there is physical perfection, either in animal or plant life, the result will be approximately the same. Degeneracy in the form of abnormal mind, as well as every known physical weakness, has been attributed to a possible consanguineous marriage. I am convinced that it is very important that specimens for reproduction should be perfect in the animal kingdom, as it is vitally important with the vegetable kingdom. This theory is generally accepted, except when that specimen is man.

In a family observed by Matheu, which consisted of forty-three descendants of parents who were blood relatives (omitting to say if they were good or bad specimens of that blood) ten were described as "peculiar," three as fools or idiots, three were deaf mutes, and one committed suicide. Howe studied ninety-five children, the issue of consanguinous marriages, and found that forty-four were idiots. The world's history, however, affords interesting examples of the importance

of the unfortunate results that follow too closely and frequent intermarriages between relatives. The importance of the hereditary factor varies not only in different countries, but also in different races and in different social states. Thus, for example, its significance is undoubted in aristocratic circles, in classes where the marriages are largely confined to individuals of the same social and intellectual standing, and among certain races and sects, such as the Jews or the Quakers. In this connection, however, I sincerely question whether the mere inbreeding of the families in itself necessarily gives rise to deterioration, provided there is no sign of degeneracy in either of the parents.

In Markin Island, which is (you will recall) four hours sail from Amsterdam, Holland, we found, on inspection, that the inhabitants are very jealous of their progeny, and a common law of the island is to the effect that if anyone leaves the island to marry he is forever disinherited and is prohibited from returning, but he must marry a native of that island, and it has been going on for decades until related and intermarried over and over again. The result is generally presumed to be bad. There is about one consumptive to each family, but their indoor insanitary sleeping habits causes much of this, but the percentage of idiocy is as small as in any country of the same size. They resemble each other very much in feature and frame. It is owing to the fact that they are generally hardy fishermen that they are so strong as a race. Their habits, however, would favor the development of tuberculosis, as they are usually of the opinion that night air or fresh air is very dangerous; therefore, soon after sunset, they go into their houses, close the doors and windows, then early to bed, over which a curtain or drapery is pulled to make sure that no fresh air can enter. This condition probably accounts for the large per cent. of tuberculosis, and not so much the universal relationship. I am convinced there are cases on record where the marriage was not consanguineous in nature, yet showing a very high per cent. of epileptics, idiots, deaf mutes, and even with the suicidal tendency; a reduction in the frame, bone qualities and muscular development, as well as mental debility, and, it is my opinion, that it is now time that we give to the question of physical fitness and mental competency a just and honest consideration in the issuing of marriage licenses.

I think the time has arrived when we must lay the stress where it belongs. The best potato is none too good for seed. The best and strongest individual from the herd is the only individual for breeding purposes. These things we admit, but we are very loath to accept any theory or adopt any law that would be remedial in its effect for the condition in which we find man, but, nevertheless, it can only follow that the same law holds with man. Perfect progeny regardless in a large degree, as to blood, race, tribal kinship, must depend finally

upon the absolute lack of deterioration of degeneracy which will reduce to the minimum the unfortunate observations above mentioned.

NEURITIS.

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The nervous system, as we all know, is a very delicate part of the human makeup; it is a component part of practically every other part of the body. We are here dealing with an inflammation of a part of, and, in some cases, practically all of the entire nervous system, except the sympathetic, which happily escapes. This being the case we must know and realize that we have a very important, as well as a very difficult disease to cure.

Neuritis is frequently diagnosed as rheumatism, owing to the fact that there is usually more or less constant pain in the part affected and the prevailing habit of so many physicians to pass it by with the expression, "just a little rheumatism." This is especially true in mild cases.

The peripheral nervous system is subject to inflammatory action of every grade and severity, arising from an extraordinary number of causes. Many toxic conditions cause widely distributed symptoms, due to degenerative changes in the nervous system, producing a disease called multiple or polyneuritis, the consideration of which will be taken up later. We will first deal with inflammatory changes arising from local causes and affecting local nerves.

Some of the local causes of neuritis are exposure to cold, injuries to the nerve in any manner, external pressure by dislocations, broken bones, crutches, etc; the hypodermic needle, cramped position during anesthesia, extension from a neighboring inflammation, such as abscesses, bedsores, pleurisy, meningitis, otitis media, etc; exposure to cold, as in case of the seventh cranial and others which are superficial or encased in bony passages.

There are several predisposing causes which are active in the cause of neuritis, namely: Rheumatism, diabetes mellitus, alcoholism, gout, lead cachexia, syphilis, tuberculosis, gonorrhea, intestinal disturbances, etc. In such cases the exciting cause acts more readily and the repair takes place more tardily.

The symptoms of neuritis, like the pathological changes, vary greatly, according to the severity of the case. The onset is usually abrupt and in traumatic cases usually sudden. The sensory symptoms are the first to appear, are the most prominent and the last to disappear.

Any one of the following parasthesias or a combination of several of them will be found: Pain, weakness, heaviness, deadness, tingling, tiredness, heat and cold. These will be confined to the distribution of a certain nerve or group of nerves. Pain, when present, will be more or less constant and is aggravated by exercise. The nerves most fre-

quently affected are the nerves supplying the arm. In these cases the symptoms usually extend up the arm and under the shoulder blade. The pain is not so severe until the patient attempts to raise the arm and then he discovers that the shoulder is stiff and that active motion causes severe pain. The arm can not be abducted to any extent. The nerve trunk and branches are sore and pressure upon it causes increased pain.

The fact that pressure causes pain gives us an easy differentiation between neuritis and simple neuralgia, by reason of the fact that pressure upon a neuralgic nerve relieves a pain instead of aggravating it. Again, there is a difference in the two pains and in most cases of neuritis there is a certain amount of paresis, and, in severe forms, the nerve may become paralyzed and atrophy of the muscle supplied is found. A long continued pressure, like a complete division of a nerve, may cause complete degeneration of the nerve. The nerve will regenerate if the pressure is removed, providing the cells of origin are not dead. To be sure, we may get inflammation of any nerve in the body, but certain ones appear to be most prone to be attacked, and it will be my aim to discuss the forms of neuritis that we are called upon to treat most frequently.

The seventh cranials are the seat of an inflammation more frequently than any other nerve in the body unless it be some of the nerves of the brachial plexus, owing to the fact that part of them is encased in a very rigid bony canal, and part of it is superficial, which endangers it to injury and exposure to cold, causing Bell's palsy. The majority of cases of facial paralysis give a history of sleeping in a draft or of exposure, as in driving in the cold air, especially if the neck is exposed and the wind blowing.

The facial nerve in the petrous is sometimes invaded by an inflammation extending from the tympanic cavity, the separating plate of bone being extremely thin, and in some people the bone is absent entirely. Mastoid or pharyngeal disease, or fracture of the cranial bones, may cause inflammation of the nerve or it may be injured in various ways at its foramen of exit. Exposure to cold is, however, the most frequent cause, and the nerve swelling to which it gives rise nips the nerve in its unyielding channel and paralysis follows.

It is very important that we understand the anatomy of the seventh cranial nerve in order to properly prognose a given case of facial paralysis. If the lesion causing the inflammation is central, or is caused by extension from an otitis media, it is well to be able to recognize from the symptoms the location of the trouble. When central, the life of our patient may depend on an early recognition of the location of the pathological condition causing the paralysis.

Neuritis of the fifth cranial may be caused by extension from inflammation from the antrum or orbit, or the dental branches, by inflammation from

the teeth. This may give the symptom in some distal part, while the teeth may be quite comfortable. This may account for some of the headaches for which we sometimes have trouble in finding a cause.

Optic neuritis or retinitis are conditions that are very often overlooked. They often occur in toxic conditions, as albuminuria, diabetes mellitus, and following infectious fevers. Wood alcohol is very apt to cause optic neuritis, followed usually by optic atrophy. Optic atrophy is present in about one per cent. of all cases of locomotor ataxia, and is frequently found in paralytic dementia. It may be the first symptom of Bright's disease or tabes. An early recognition of the same might aid materially in the diagnosis of one of these grave diseases and be of great benefit in early treatment.

Brachial neuritis is an inflammation of the branches of the brachial plexus. I have been called upon to treat more cases of brachial neuritis than all other types combined. Inflammation of the posterior root ganglion and its nerves of distribution, or injury to a nerve trunk, often causes a characteristic skin lesion, called herpes zoster, which usually appears on the face or trunk and which follows segmental skin areas corresponding to the distribution of the nerve affected.

Multiple or Polyneuritis.—The symptoms of so widespread a disease are correspondingly varied, but it may be said once for all that they are symmetrical, affecting both sides of the body in a similar manner. It is a fact, however, that the symptoms commence on one side first, and later go to the other side, but in some cases one side is affected more severely than the other. Multiple neuritis is the result of poisons circulating through the blood stream. Sometimes it is the toxin of some diseased condition and sometimes it is chemical. Lead and alcohol are the most frequent chemical poisons; less often arsenic, mercury, silver, ergot, etc. Nephritis, diabetes mellitus and digestive disturbances, typhoid fever, the exanthemata, erysipelas, puerperal infection, diphtheria, influenza, etc., are the main diseases which poison the nervous system and predispose to multiple neuritis. Certain occupations predispose people to infections; for example, typesetting, plumbing, lead mining and smelting, tending bar, etc. The lesions of multiple neuritis are not confined to the peripheral nervous system, but may affect the brain and spinal cord.

The distal ends of the limbs are the first to be affected and the symptoms are most marked in these parts throughout the course of the disease. Both motor and sensory nerves are affected and gives the characteristic wrist and toe drop, due to paralysis of the extensors. The sensory symptoms are the first to appear and the last to leave. A case of multiple neuritis might be outlined as follows: The patient commences to notice some sort of paresthesia. This may be any one of the symptoms or a combination of several of the symptoms found in simple neuritis, but in this case we find a great many nerves affected instead of local trouble. Usually the first

symptom to be noticed will be a slight paresthesia of some sort commencing either in the toes or fingers and gradually creeping up toward the trunk. This sensation is usually described as feeling like the part was submerged in some substance like shavings, loose cotton, or some other loose substance.

These persistent subjective sensory symptoms become aggravated until the case is fully developed. As the symptoms develop the parts affected gradually become weaker and the other sensory symptoms gradually develop. In about two months the case is fully developed, and in severe cases the disease has put our patient into bed. He is unconscious, totally paralyzed and apparently a hopeless case. All grades of cases are found, ranging from a patient in which there is only slight sensory symptoms to the extreme case just described. The disease has reached its maximum in about two months' time and stands at the maximum height for about two months, and commences to subside as gradually as it developed, the patient usually recovering entirely in about one year from the time the first symptoms appeared. Some only partly recover and are left with some of the symptoms of the disease remaining permanently.

While the disease is going through the process of development, and also while recovering therefrom, our patient is usually in a hyperesthetic condition. They say that the bed clothing is so heavy that its weight is very painful. The slightest pressure on the body feels to them like a knife being thrust into the flesh. It is often necessary to build an arch to keep the clothing from touching the patient and setting up pain and painful reflexes. In severe cases in which the patient becomes unconscious and lays in that state for weeks the brain appears to go through the same degenerative and regenerative changes that the nerves go through. After recovering, they will tell you of the wonderful trip that they have been on or the business engagements that they have been carrying on; at the time of their imaginary adventure they were in bed in an unconscious condition. The mind usually entirely recovers, but, like the nerves themselves, it may not entirely recover and will leave the patient with some mental symptoms.

There are clinical cases which differ from the cases described, but they differ in the way of development and prognosis rather than in symptoms. Some will develop quickly and recover slowly, or develop slowly and recover quickly. Again, there are cases in which the disease will develop rapidly to a fatal termination by affecting the bulbar nerves. This form usually comes to a fatal termination in about one week's time. It is sometimes called "creeping paralysis" by the laity.

The treatment of neuritis, both simple and multiple, is to give the part affected as complete rest as possible. Keep the bowels open, examine the urine, and determine if there is albumin, sugar, indican, or any other abnormality, and, of course, the indicated remedy as well as the indicated management and diet must be given. I have cured several cases by following the treatment outlined, and the medicines used were apocynum in some

cases, and potassium iodide in others. One thing is to be especially insisted upon, and that is complete rest.

OVARIAN DERMOID CYST COMPLICATING PREGNANCY.

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In presenting this type of case, which occurs so seldom, it will perhaps be of advantage to review briefly the description of a dermoid cyst as found in the ovary. I hope you will bear in mind that, although some cases may be rare, still one never can tell when he will be called upon to treat one.

A dermoid cyst may be defined as a heterotopic cyst, the wall of which is composed of connective tissue lined with epithelium and containing material formed by the proliferation of epithelium, and often containing hair, nails, sebaceous matter, teeth and even bone.

Dermoid cysts were first studied and described by Lebert. The name "dermoid" implies that the cyst contains skin, and it does contain skin or mucous membrane. The chief mass of the tumor being derived from proliferation of the cells of a portion of displaced epiblast or hypoblast, also contains mesoblastic derivatives. Campbell insists that in the case of the ovary "a dermoid cyst may either develop from the Wolffian body—an epiblastic structure—or result from the aborted growth of an ovum."

Should a multipara present herself for delivery, whose previous births were normal and uneventful, with no history of miscarriages, who had never been operated on and is apparently in excellent health, we would hardly expect to meet any complications. Of course, we might think of the more or less common causes of dystocia, i. e., malposition of the fetus, multiple births, eclampsia, prolapse funis, placenta previa, etc., but an ovarian complication seldom comes to mind.

Very few text books even mention that an ovarian cyst might complicate pregnancy. Hirst admits that an ovarian cyst is a rare complication of labor. In the report from the Berlin Frauenklinik there were but five cases of ovarian cyst in 17,832 cases of pregnancy. Cadwallader, in his excellent little book on obstetrics, simply mentions that a cyst of the womb or ovary may prevent labor. Dsirne reports 135 ovarian tumors in pregnant women, only ten of which proved to be dermoid in nature. Other cases have been recorded by Spencer (two cases), Duncan (two cases), Hirst, Routh, Fischel, Rubeska, Denny, Treub, Fieux, Schwarz, Boxall and Homans.

Some authors admit that if a pregnancy complicated by an ovarian cyst be allowed to go to term, the prognosis is grave, and they tell how to treat a condition of this sort. But none tell how to recognize the condition. Williams tells us that unfortunately the presence of an ovarian tumor complicating pregnancy often remains unsuspected. Niot

cites eleven instances of dermoid cysts with twisted pedicle mistaken for appendicitis; and, in two out of five cases of torsion observed by Fowler, the patient had been sent to the hospital with a diagnosis of appendicitis.

I was called to deliver a woman in labor whom I had never seen before. The case, as presented, is as follows: A housewife, twenty-six years old, married seven years, and has two children (six and four years old, respectively), whose births were normal. Had no miscarriages. Menses were always regular. Has a negative family history. Had measles and diphtheria when a child, but has not been sick since. At the beginning of this term of pregnancy, she had morning sickness, which soon passed away. Has no headaches. Eyes do not trouble her. Had no pains (excepting labor pains) till this morning. Is having pains for four hours now. They are twenty minutes apart and last about ten seconds. The bag of waters has not ruptured.

Heart and lungs are negative. Temperature, normal. Pulse is a little rapid, but is probably due to nervousness. Tongue is coated; her bowels did not move to-day.

Abdominal examination shows distension symmetrical, but reaches to the ensiform, which seems unusually high for full term. Has a fatty abdominal wall. Fetal parts were outlined with little difficulty and head was found presenting. Fetal heart sounds were heard just below the umbilicus on the left side. Vaginal examination shows the perineum intact. No discharge. Vagina is dilatable. The cervix has a doughy-resistant feeling and is dilated about one finger. The membranes are intact and the head is presenting, but not engaged.

I gave a subcutaneous injection of lobelia, and ordered the patient to be given a full bath, an enema, and to be catheterized; and left instructions to call me when the pains were about ten minutes apart. Six hours later, I voluntarily visited the patient. The pains were about twelve minutes apart and much stronger. The os was softer and presented about two fingers' dilatation. Four hours later I was called, to find that the pains were coming about every three minutes and would last about thirty-five seconds. The pains were very severe and the patient was repeatedly calling for ether. On examination, I found that the os was still dilated about two fingers. Several attempts to find a cause for the resistance proved fruitless. As the pains were more frequent and becoming unbearable, I resorted to artificial delivery.

The patient was anesthetized. I dilated the cervix manually. High forceps operation failed, so I performed a podalic version. A twelve-pound girl was delivered in good condition. The placenta came away with little difficulty one-half hour later. There was no hemorrhage, excepting a little oozing from slight lacerations of the walls of the vagina, which soon stopped when sutures were applied. The perineum was intact. The uterus contracted well. Pulse of patient ninety, and of

good quality. Mother and baby in apparently good condition when I left.

The next morning, the patient complained of pains in the abdomen, which were relieved by catherterization, the sphincter being temporarily paralyzed. Her temperature was 99.4° F.; pulse, 90. Breasts were in good condition. Uterus contracting well. Lochia, normal. I ordered a cathartic. The same afternoon she had two chills, which were followed by a rise in temperature to 102° F. The uterus was somewhat sensitive, as would naturally be expected; but the other organs, as I palpated them, revealed no tenderness whatever. Her breasts showed nothing abnormal. The sutures that I applied were in good condition. Another examination of the lochia showed it to be normal. There were no pus cells on microscopic test. I ordered her bowels to be kept open and bichloride douche twice a day.

On the fourth day she could void urine voluntarily. Her temperature was still high, but not above 102.° She had an attack of diarrhea lasting five days. Several Widal tests proved negative. The blood count showed about 9,000 white cells (85 per cent. polymorphonuclear leucocytes). I prescribed bismuth for the diarrhea, and a remedy containing aconite, bryonia and echinacea.

She ran a temperature varying from 100.5° to 104° F., for three weeks after delivery, when it finally subsided and the patient was able to leave the bed, though she was still weak. She got along splendidly. The uterus was contracted well. Her breasts had plenty of milk, but were not too hard. The few lacerations had healed and appeared clean. She could assimilate solid food. In a few days she was able to do a little work in the house, so I discharged her.

About one week later (one month after delivery), I was called to see the patient in a hurry, and this is what she told me: "Last night I had a severe chill and pains in the abdomen (she pointed to the right iliac region), and as we could not get you, we called Dr.—, who said I had appendicitis." Her lips and finger-nails were almost white. Her tongue had a thick yellow coating. She did not vomit. Temperature, 104.2° F., and pulse 112. There was some tenderness in the right iliac region, but no rigidity or palpable masses.

Vaginal examination showed the floor bulging, with considerable tension, making it appear like a rectal abscess. The mass was hard and did not fluctuate, and as she did not move her bowels for four days, I thought it might be impacted feces in the rectum. The part was very sensitive, so I anesthetized the patient, and an examination proved that the mass was not impacted feces, for the rectum was empty. However, I noticed that the swelling reached to the posterior vault of the vagina, which made me think that perhaps it was an abscess of the cul-de-sac.

After taking aseptic precautions, I made an incision in the posterior

vault of the vagina and cut into the cul-de-sac. I then went in with some dressing forceps and began to probe around, when a stream of white, odorless pus started to flow and almost filled a two-quart can. After the pus stopped flowing, I went in with a pair of placenta forceps and pulled out from the right side of the cavity a mass of hair that was six inches long. I could now feel a tumor in back of the uterus about the size of a hen's egg. I inserted a rubber drain, which was removed two days later.

The symptoms subsided at once. The temperature went down to normal. The pains ceased, and to use the patient's words, "she had not felt better for a long time." In one week she was up and around doing her housework, so we began to plan for an operation for removal of the tumor. The patient agreed to undergo the operation in one month.

About five days after I left her she had pains again, and, before I could see her, the abscess ruptured through the same opening in the vagina. This time the discharge would not let up. It seemed as if it were going to drain forever. For three months the patient was complaining of this miserable symptom. I figured that by this time the patient ought to be immune to the toxins circulating in the blood, thereby lessening the danger of creating a peritonitis. However, I decided to operate.

I went in through the abdomen and found the biggest problem I ever saw, or even heard of. The omentum and intestines were bound together and adherent to the pelvis. The right ovary prolapsed into the cul-de-sac and became firmly adherent to the sigmoid. Nature was certainly doing her work well in walling off the infection. After separating the mass of adhesions, I removed the prolapsed ovary, which contained a piece of bone, about one inch square, and appeared like a small palate, with two well-formed teeth and a lot of hair. The patient was drained through the abdomen and vagina, and, although she ran a high temperature for a few days, made an uneventful recovery.

In conclusion, let me say I believe (1) that it was the weight of the dermoid cyst which caused the right ovary to prolapse into the pelvis before gestation began; (2) that the irritation during pregnancy caused the tumor to become adherent to the sigmoid; (3) that the position of the tumor during labor was such that it offered powerful resistance to the progress of the head of the fetus and would not allow it to become engaged; (4) that the pressure of the parturient forces on the tumor caused an inflammation of the dermoid cyst, which went on to suppuration.

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TUBERCULAR INFECTIONS IN CHILDREN.

Harry V. Brown, M.D., Los Angeles, Cal.

In selecting this subject for review one does not progress far without realizing that he has accepted a very large contract. The white plague is a factor of more or less importance in nearly every department of pediatrics. The percentage of children between the ages of infancy and puberty who have at some period of this time fought a battle with the disease is variously estimated at from 50 to 90 per cent., including both those who win and those who lose the battle. The why of this condition is the one which is enlisting the earnest attention of sanitarians and societies for the prevention of tuberculosis in America and all countries not otherwise engaged at this time.

That the disease is not directly transmitted by heredity is pretty well established. That it is directly infectious by daily contact with tubercular subjects is established beyond a doubt. The natural conclusion to be drawn from these accepted facts is that a child born of tubercular parentage may be admittedly free from such infection at birth, but there is small hope of escape under the environment to which said infant must submit. Such a child who safely passes the nursing period must be credited with a high quality of resistance, but we may well expect to find him at puberty somewhat handicapped by an invasion of this insidious monster.

Tubercular parentage is by far the most frequent source of infantile infection; next in order is the tubercular sister, brother, old maid aunt, or other person, who through ignorance or for economic reasons has partial care of the babe and is in daily contact therewith. The difficulties in the way of controlling this evil are many and obvious. Any attempt at compulsory regulation in the home is quickly resented as a violation of constitutional liberty, etc. About the only means available is through health education—more power to influences at work along this line. It is in this work that the family physician has the very greatest opportunity to be of service, but it is discouraging to note that there are still some in the profession who refuse to take cognizance of the fact that the disease is transmitted more frequently in this manner than any other way. Such obduracy is unpardonable in one who has had the advantages of a professional training.

In respect to this problem, I take the liberty of classifying the laity into the following groups: First, those who are uninformed and are blissfully unconscious of the dangers attending the disease; second, those who are informed and are financially able to comfortably isolate such cases but refuse to do so because of religious, fanatical or sentimental prejudice; third, those who understand and conscientiously use the best means within their power to correct the evil; fourth, those who understand but are prevented by poverty from instituting any effective means of isolation.

We read much recently regarding rural loans or credit system, a means of helping the farmer to accumulate more wealth, a very creditable scheme, I believe; but why not have amendments to our health laws which will vouchsafe aid to the indigent tubercular, especially in States where sanitariums are not afforded. The best immediate remedy, as I see it, is for each State, through its health department, to vouchsafe its moral and financial support to those of the latter class, and by the good example of the favorable results attained, gradually convince the skeptical ones. By some such process the proper authorities may be able to lead the populace to a higher standard of physical and moral hygiene, and this more readily than by efforts at enforced regulation. Verily, it does appear that the American public is more successfully led than driven. No one doubts that the success of the Christian Science propaganda is the result of good leadership. Therefore, in States where such cults are politically strong it is up to the medical profession to overwhelm them with conscientious work in preventive medicine, even though it be necessary to lose sight, for the moment, of the paltry fee that one may gain by stringing the individual who is unfortunate enough to be afflicted with this disease. Help those who are willing to be helped and thus show the sincere but deluded followers of these cults that "faith without works is dead."

I have not touched upon the many other avenues of infection because I particularly wished to emphasize this one, and for the further reason that the large amount of work being done to safeguard the food, milk and water supply from contamination has largely minimized the danger from these sources.

THERAPY OF ACUTE INFECTION.

H. A. Shafor, M.D., Detroit, Mich.

In the consideration of the therapy of acute infection it seems to me advisable to first briefly consider the means by which the animal body resists the invasion of pathogenic micro-organisms. How bacteria under ordinary circumstances gain entrance to the body is not definitely known. The body surfaces are always more or less covered with great numbers of micro-organisms capable of inducing inflammation and suppuration. This is also true of the mucous membranes lining the nose, mouth, trachea, gastro-intestinal tract, vagina and the urethra, and in spite of their relation to the greater portion of these surfaces which serve as a barrier beween internal organs and the outer world, they seldom gain access to the internal organs. At least it seems to be with great infrequency that septic processes are induced by bacteria which are found on these surfaces. It seems reasonable, therefore, to presume that some protective process exists that limits the activity of these ever-present organisms undoubtedly within the cells that make up these surfaces.

The acute infection through the skin suggests an injury to the epithelium of greater or lesser extent and very frequently through slight, cuticular irritation, as Garre reports the production of a genuine boil on his arm by rubbing staphylococcus pyogenes into the skin, and a guinea pig was infected with plague by rubbing cultures into the freshly shaved skin.

The mucous membranes it would seem also under certain conditions admit infection, although by what method is unknown. The tonsils are frequently the port of entry for pus-forming bacteria that may affect almost any remote organ. The nose with the naso-pharynx and the adjoining tissues collect and hold numberless organisms that enter. Any one of these may harbor an infection almost indefinitely and later liberate it only to infect some remote part of the body. This is also true of the tonsils, appendix and the prostate gland.

The diseases produced by bacteria or toxins from these sources are very numerous, and may be acute or chronic in nature and may induce myocarditis, nephritis, pneumonia, pleurisy and certain changes in the vessel-walls. The splendid results following surgical removal of infected tonsils and other infected centers confirm this statement. The streptococcus is the organism most frequently found in these infections, and undergoes changes in various conditions that render it capable of producing various diseases.

Infection through the lungs seems rather rare, and, in healthy individuals, the mucous surfaces are supposed to be sterile below the lower border of the trachea. However, the fact that the lining tissue of those employed in heavy dust-laden atmosphere shows the presence of material contained in the dust, makes it seem reasonable to expect infection from this source should the bacteria be present in sufficient numbers and continuously. In such cases the lungs themselves usually present symptoms of inflammation and by that process may stop the invasion of remote tissues.

The gastro-intestinal tract is constantly receiving micro-organisms, which are usually perfectly destroyed by the digestive juices, especially the hydrochloric acid. In typhoid infection the bacteria multiply rapidly in the lumen of the tract before invading the mucosa, and this invasion is greatly aided by harsh cathartics; however, a rapid transit of the bacteria through the intestine lessens the chance of infection, as is proved by the typhoid infection arising principally in the ileum and jejunum where peristalsis is slow.

In the vagina there is a normal acid condition that renders the medium unfavorable to development of micro-organisms. All these things prove the natural resistance of the body to infection, and that infection under natural process is a complicated affair and points to a weakening at some point in the defensive forces of the body.

The fact remains that we do have acute infections to contend with

and the question now arises as to what is the best thing to do with them. It seems that we, as Eclectics, are wonderfully well equipped to meet this as well as any other pathological condition, especially if we are conversant with our materia medica. Without considering any particular kind of infection, such as peritonitis or localized infections due to traumatism, it seems here, as in other conditions, we must seek the indicated remedy. Perhaps the first one of which we would think would be specific aconite. It being an acute remedy, is especially indicated at the beginning of inflammation, as it will retard suppuration by slowing the heart action, inducing full natural beat, and allaying nervous irritation. It is indicated by the small frequent pulse, not necessarily weak. In fact, it may be hard and weak, but it is always small and frequent. It should be given in small doses, frequently repeated—five drops in four ounces of water—one teaspoonful every two hours. The aconite patient is restless and thirsty, requiring large quantities of water, and will not be satisfied with a swallow or two, but will drink an entire glassful of water and gulp it down eagerly. There is also a tendency to cold extremities, indicating sluggish capillary circulation, and correcting this condition promotes absorption of inflammatory products and relieves blood stasis. Should the inflammatory action continue and high temperature maintain until the blood is impaired and the nerve force becomes deficient, the remedy should be discontinued.

Following aconite very closely comes specific belladonna, another remedy that should be given in small doses, say three to five drops in four ounces of water—one teaspoonful of the mixture every two hours. Some people are extremely sensitive to this drug and will not tolerate more than two drops to four ounces of water, given as above stated. For this remedy also there is the cold extremities, dilated pupils, flushed face, strong rapid pulse with fever, and possibly delirium. The mucous membranes are red, a bright red, not the dusky red of baptisia. There is distention and fullness of the abdomen, with tenderness on pressure. There may be a persistent vomiting and relaxed condition of the bowels. There is dryness of the mouth and throat, but no thirst. In fact, the belladonna patient has an aversion to water.

Following belladonna comes specific bryonia, as we think of it in the second stage of inflammation (five to ten drops in four ounces of water, one teaspoonful every two hours). There will still be the fever, but the pulse begins to weaken. There is greater thirst, satisfied by small sips of water frequently repeated. The tongue is coated a yellowish white; the abdomen is sore and distended, and pain is increased on the slightest motion. The bryonia patient is very irritable, easily put out of humor, and, if there is delirium, he wants to go home, or talks frequently of his business. The lips are dry, parched and cracked, and the eyes are sore to touch and movement.

Following bryonia comes its opposite, specific rhus tox. (five drops in four ounces of water, one teaspoonful every two hours). The rhus tox. patient is restless, and motion always relieves him temporarily, hence, he feels better for a time from a change in position. In those cases of infection where there is burning and itching of the affected part and it is red and swollen with vascular eruption; when the tongue is dry and brown, the tip sore, edges red and papilla elevated, with tendency to sordes upon the teeth, the bowels are inclined to be loose, and there is a dry cough and restlessness, the patient has frequent chills, coming on suddenly, followed by heat and an inclination to stretch the limbs and yawn. The rhus tox. patient must be kept warm, as he is much aggravated by cold, and is more comfortable when lying upon his back or right side.

We would next consider specific baptisia (15-30 drops in four ounces of water, one teaspoonful every two hours). When there is general absorption of toxins and evidence of excessive septic condition of the blood, there is extreme prostration and an indescribable sick feeling. There is muscular soreness and putrid condition present. The secretions are offensive, especially the breath, urine and sweat. There is inability to think and ideas are confused; the patient is indifferent and may fall asleep while talking, and hearing is impaired. Head will feel heavy and large. A sense of pressure at the root of the nose and tightness of the skin across the forehead. The face has a besotted look, dark red and slightly bloated. The gums, teeth and tongue are sore; breath very bad; the tongue feels burned; the mucous membrane of the mouth, tonsils and throat is dark red, almost bluish color. There is difficulty in swallowing solid food, but fluids are tolerated. There may be livid spots all over the body, with burning and heat; in fact, a sense of heat all over, with occasional chills.

With echinacea, the most wonderful of all remedies in acute infection so far as an antiseptic remedy for blood changes is concerned, I presume you are all thoroughly familiar. In fact, the action of this remedy is so far reaching and the results so wonderful it almost sounds unreasonable to those not familiar with its unlimited virtues. I might simply say it is the remedy in any septic condition, given in doses ranging from a few drops to one-half drachm. In connection with the septic condition in the echinacea patient, you will find prostation, depression and dizziness, headache and periodical flushing of the face. The discharges will be foul-smelling and profuse. The tongue will be dry, swollen and cracked, as will be the lips and corners of the mouth; also a sense of tingling of tongue, lips and fauces. The membranes of the throat and mouth, purplish in color. There is sour belching and heartburn; better when lying down, and a sense of pain as a lump in the chest and under the sternum. There is frequent, scanty and possibly involuntary urination, with tendency to albumin. This

remedy in specific tincture, or its purified form—echafolta—should be used as a local application in full strength or diluted as the activity of the infection demands. I know no other local application that will do as much good and can in no possible way do harm.

As to the vaccines and serums, I believe they are important in the treatment of acute infection and should be studied and used the same as specific remedies.

Just how any or all of these remedies accomplish the desired results I do not know. However, no one should refrain from using them for that reason. We do know that the blood, under normal conditions and after recovery from disease, is able, at times, to destroy the organisms and neutralize their disease-producing toxins, and that the white blood cells, the phagocytes, are capable of destroying bacteria and rendering them harmless, both depending upon circumstances, provide a defense against infection. But whether each by itself or the two combined are sufficient at all times to withstand the invasion, it becomes our duty to study the case, read as nearly as possible the cry nature is sending out for assistance, and give her the remedy she is asking for, be it specific medicine or serum.

CONTROL OF TYPHOID FEVER AND DIPHTHERIA.

CARLL S. MUNDY, M.D., TOLEDO, OHIO.

I do not think there is any doubt but what I am very much biased in my views on public health matters, considering the fact that my work is exclusively in the health department of the city of Toledo. I have thought for some time that our school of medicine was perhaps a little slow to take up the public health movement and sanction it, and I can not tell you how glad I was to hear this paper by Dr. Shafor and hear the discussion about it. It always appeared to me that we seemed to lack interest in public health work. I do not know why it is, because I think, at heart, every physician is a public health man. If you treat a case of typhoid fever you do everything you can to prevent the other members of the family from contracting that disease. You send water from the well to the state department of health to have it examined, you instruct the family to boil the water until you are sure it is all right, and you make every effort to prevent the spread, although your efforts are limited to a few cases. For this reason, the health department originated. This is an age of specialists, and preventive medicine is fast becoming one of the greatest and most important specialties we have. The men who are in the health department should be, and usually are, men who do nothing but this kind of work. Their time is taken up with it, and their days are occupied by it; therefore, they are in a position to make an effort to control disease, which is very much wider in its influence than the private practitioner's can be.

Therefore, it seems to me that when you have a case of typhoid fever and you wish to prevent other members of the family from getting that disease, you should send for a specialist in that line, just as you send for a specialist in other lines. That is why these things should be reported to the health department, because you are interested in the humanitarian side of it, and, from the point of view of your patients, you are interested in protecting them.

There is no doubt about the value of public health work. Everyone of us know how valuable health is to us, and, of course, we know something of its value to the community, to the city, and to the state; but I think there is no better recognition of the physician's work, no more appreciation of the actual monetary value of public health work than that of the insurance companies. Not long ago, one of the largest insurance companies appropriated $100,000 to be used in the prevention of tuberculosis alone in all cities with not over 5,000 inhabitants. That is an appropriation of $20.00 per capita. Compare that with the appropriation by our cities of anywhere from 20 cents to 70 cents per capita for all work, and you can appreciate why some of our health departments fall down.

I want to tell you to-day just a few things that health departments are doing to control disease, and, of course, I shall have to tell you of the work doing in Toledo, because I know about the work there. Our methods are not different from those in other cities, with perhaps one exception. I want to prove to you that these reports we ask are not for statistical purposes alone. Take first a case of diphtheria that is reported to the city office. A nurse is sent to that home. That nurse has positive instructions, and she is taught from the time she enters the employ of the health department that her duties are preventive only, that she has absolutely nothing to do with the cure of the case. If she makes any comment concerning the treatment of the case she is certainly due for a reprimand. This is the card that she makes out. On the first line is the address of the patient and the physician treating the case; then there is a space for the date when the child first took sick, the date when the case is reported, the date when we get to the case, and then the name of the child, its age, the school it attends, the church, Sunday-school it attends, the time it was last at school and last at church, when it was exposed to a similar disease, the general condition of the home, the water supply, the milk supply; and then on the other side of the card are spaces for members of the family, to tell whether they have had diphtheria, whether they have been treated by anti-toxins, and how and when they contracted the disease. Below that are lines for the names of ten or twelve children who have been in contact with this case. Thus we trace the source of the infection, and we also find those children who have been in contact with the patient and they are followed up. The nurse takes

cultures from every nose and throat and they are examined, and, if positive, the children are isolated until the family physician has given us assurance that they will not have diphtheria. Then when the case is released we take two cultures from that throat two days apart, both of which must be negative. In the same manner we must have two cultures from those who have been exposed and have shown positive throats. These negative cultures may sound a little stringent, but, from a very large number of cultures, we are convinced that they are not stringent. We find a great many cases that show a negative culture, and the next culture is positive, and then they will run a positive culture for some time. We also know that those cases with positive cultures are a menace in the school-room. We have had return cases where, for some reason, they have gone back while running positive throats.

I will admit that a great many people have diphtheria germs in their throats. Statistics say only 2 per cent. of all the people on the street have diphtheria germs in their throats; however, statistics do not say that less than 25 per cent. have virulent germs. We have a diphtheria bacillus, the true Klebs-Loeffler bacillus, but also another which is not virulent. If the germs are non-virulent the child is not dangerous and so is allowed to go to school.

There is no doubt about the school-room being a common medium for transmission of these diseases. For the last five years, in Toledo, the number of cases have decreased very markedly during the summer vacation. We prevent some of the diphtheria in the school-room in this way: When we have a case in a school-room, cultures are made from every child, and those that show positive cultures are referred to the family physician, who gives them anti-toxin or treats them as he sees fit, but they are not returned to school until they show negative cultures. We were doing this in Toledo before we saw in published articles that they were doing it in other cities. In the October number of the Journal of the American Public Health Association there was an account of a similar method. We started in September doing the same thing, and we controlled what seemed to be the beginning of two very large epidemics. We started the latter part of October. The first sixteen days we had six cases, the last half, forty cases, but before Christmas came we had so controlled these cases that the number of cases per week was about normal. That was done only by means of taking cultures from children in the school-room, which is only another argument in favor of school inspection.

The typhoid situation in Toledo is peculiar. In sixteen years our death rate averaged 35 per hundred thousand. That absolutely was reorganized last May, when we had a large number of cases. Up to June 15 there were 170 cases reported, and at one time we had under observation 102 cases. These were practically in one ward—the third

ward. Every case was visited and an accurate record was obtained, giving the history of the case for the three weeks previous to the time the patient was taken sick, the milk supply, water supply, etc. We found that 75 per cent. of these cases had used milk from one dairy, and upon the strength of that we told that man he would have to pasteurize his milk. We told him at the same time that this was only provisional, that unless he could correct the condition he would have to quit selling milk entirely. From the time he began to pasteurize his milk, or three weeks thereafter, the reports decreased. In the meantime we went ahead with the investigation, we took a Widal of every man and woman handling the milk. One man told me he had had typhoid malaria two years ago. He was a big, healthy looking fellow, but we obtained a specimen of urine from him and found bacilli still in it. That man has been selling milk in Toledo for fifteen years, and his routes have always been known as typhoid routes. Why he was not stopped I do not know, but he had sold milk exclusively in this ward and was undoubtedly a typhoid carrier. We investigated his farm and told him he would have to get out of business. He was angry and started suit for $50,000, but could get no evidence to prove that he was in the right. Since that time Toledo has less typhoid fever than before. The first of this year we had sixty cases instead of one hundred and more last year. They are evenly distributed over the city and seem to have no relation to the milk supply. We also have a large number of surface wells, which are a bad thing. Out of 447 cases, 35 per cent. were due to this dairy system; 15 per cent. to contact with other cases, and from flies; 17 per cent. to surface wells, 7½ imported, and about 25 per cent. source unknown.

As an illustration of what may come from not reporting typhoid, I would like to relate one occurrence with us last September. A little girl had been over in another section of the city and contracted typhoid from this milk supply. She lived in a Hungarian district where we had practically no typhoid. She contracted it in July. The physician who treated her did not report the case. He knew it was a case of typhoid, but he did not seem to be in sympathy with the public health work. He was not an Eclectic and thought it was not necessary, so he let the case go. These people were very poor and their housing conditions are terrible; they have surface wells and surface privies, and usually a family of six or eight children in a house of two rooms, with eight or nine boarders. The mother took care of the sick child and cooked for the boarders and the rest of the family. In September, during her convalescence, our nurse, by accident, dropped into that house, she had heard someone was ill there. The family told her that the little girl had typhoid fever, but was getting better. The nurse got a history of the case. Two days later, we got a report from another physician that he had three cases of typhoid in the house

next door, and the nurse that went there found three people ill. The next day we had another report of three cases in a house on the other side, and we found conditions the same there. In none of these houses did they have screens, and there is no doubt but what the infection traveled from one house to another in both directions, and, in the course of eight or ten days, we had twenty cases in one block. There is no doubt but what the infection was carried by flies, and that physician, I am sure, is largely responsible for these cases. There were two deaths. I called that doctor and asked him to come to my office, and, since the conversation we had there, he has been co-operating very nicely. There was some inclination on the part of the board of health to prosecute the man, but he told me he was sorry and that he had no thought of the harm that might come from his neglect to report the case.

That is just an illustration of what may happen if these cases are not reported. I am glad to say that the Eclectics in Toledo co-operate with the health department to the limit. Their cases are reported as promptly as any, and more promptly than the majority, and it has made me feel very good, and I wish the same could be said of Eclectics all over the country. I think, as a general rule, it is true. These reports are not for statistics. They should be made promptly, especially in those diseases where the contagious period is just beginning. I personally feel a man should report cases upon suspicion. If he has ground for reasonable suspicion he should report the case. I think you will find most health officials are very reasonable about that, and I know that we make it a practice when a man sends in a card stating that he suspects he has a case of typhoid or diphtheria, we do not go to the extent of a rigid quarantine for these families. However, if it is a case of measles, the patient is isolated, because measles that are not quarantined in the beginning spread the contagion, because the contagious period is at first. In the same way a case of typhoid should be reported as soon as you are suspicious. You can not make an accurate diagnosis, but, if you are suspicious, the case should be reported, and the walls disinfected and the flies kept out until you are sure you have a case of typhoid and it has recovered. If you find difficulty in making the diagnosis, most cities offer you laboratory facilities. In Toledo, we do the Widal and the blood culture. Most of our men are swinging into line and are using the laboratory and co-operating very nicely. You have no idea how much benefit it is. Of course, we do other things. We make examinations for diphtheria, examine smears from the throat, etc., and the men are using our laboratory to a large extent. The state laboratories offer you the same assistance. You do not get as prompt reports as in the city, but it would help you if you would use it.

The principal thing, however, is to report the case promptly, that

it may be isolated and that other members of the family and perhaps members of your own family and others of the community may be protected. That is the work of the health department, and that is the thing in which we are all interested.

DISCUSSION.

Dr. H. E. Vitou: This shows that some of the health officials are doing good work. For about fifteen years most of my time has been taken up in that way. Sometimes I spend weeks at nothing else. But there is this about it, it means the doing away with a large per cent. of our practice—our bread and butter. But this work is very important. Public health means public wealth. Public health officials are looking after their work thoroughly, and this should be a great benefit to the whole country. Dr. Mundy says, if you have a case of typhoid, report, and that is my contention; that is the one thing essential. While the laboratory is a mighty good thing, remember that some of the best bacteriologists in this country say that the bacteria depends upon the environment in which it is bred. Do not depend upon the laboratory entirely, but stick to your clinical diagnosis. Make a diagnosis and let the laboratory aid you. Report the case as quick as possible, but hold the reins in your hands. Let the health officials be your assistant and not your master.

Dr. H. W. Powers: At a meeting of the State Medical Association, in Cleveland, Dr. Lower, in speaking of the country as always having been known as a healthy place in which to live in comparison with the city, said that, in fact, the city was much more healthy than the country. That may be true or not, but, in this discussion along the line of corroborating the findings of the public health officials, I think in the country there is oftentimes a desire on the part of the physician, when he finds he has a case of diphtheria or scarlet fever or some contagious disease, to cover it up, to think that it will get along and that there is no use to isolate it. That is often where the trouble comes. I believe the country as well as the city physician should co-operate with the health authorities and see that these cases are reported, and you will find you have less trouble and you will not lose very much practice and not so many patients.

Dr. F. L. Wilmeth: I was a little surprised at some of the remarks, showing that some of our members are not very enthusiastic about the work of the health department. It would seem to me that those who are most interested in this work would be the medical profession, and, while it might at first glance look as though it would lessen the practice of the physician, it has not been found so. We should consider the conservation of the public health one of our activities, one of our duties, and not something that will injure our practice. In our state we found this particular defect in the activities of our health department; that is, a lack of proper appreciation of the efforts that are being made by the medical profession. It would seem to me, and I advocated it in our health conservation meeting last winter, that the state should take more interest in the management of its various health activities, that the health officers be paid for their services by the county or state, and that a sum of money be set apart for this purpose. It seems to me that we can do no better than to get behind these health activities and become a part of them. It unfolds

to us a work that we did not have before, a very interesting and very much appreciated work.

Dr. Mundy (closing): I have nothing to say except to agree with what has been said, with possibly two exceptions. Especially do I want to emphasize the remark that was made about the physician thinking he could take care of a case of typhoid himself. It has been my experience that only in a small percentage of cases has this been due to neglect, but rather to lack of time. The man is not willing to take the time to go carefully over the case. That is one reason why we wish to be on the ground early, to follow up the physician and see that his instructions are rigidly carried out.

In regard to laboratory diagnosis, I can not agree with that remark. I think you will find it is impossible to find the diphtheria germ without the laboratory. Clinical diagnosis is important, but I think there are a great many conditions that can be diagnosed by the laboratory more accurately and quickly, and sometimes, conditions which can not be diagnosed at all by clinical methods. Laboratory science is very exact.

I do not think you lose many patients because of the work of the health department. Your income from typhoid and diphtheria may decrease, but other conditions are becoming greater, so I do not think your income will be any less.

EYE AFFECTIONS IN CONGENITAL SYPHILIS.

J. C. Solomon, M.D., Los Angeles, Cal.

Since Hutchinson drew attention to his famous triad of interstitial keratitis, deafness and half-mooned pegged teeth, as pathognomonic of congenital syphilis, the relation of eye affections and congenital syphilis has remained prominently before us. It is the purpose of this paper to review the conditions of a pathological nature that may be the result of syphilis acquired before birth, and to point out the importance of these findings to the individual and to his family.

It is difficult to reckon the frequency of eye lesions in this disease as too often the condition is unrecognized by the general practitioner or the syphilographer, that is ophthalmological examinations are not made as a routine, and unless the symptoms are gross the condition may be left without consideration. Still states that out of one hundred consecutive cases of congenital syphilitics below the age of twelve, 23 per cent. showed syphilitic disease of the eye, while the figure would probably have been higher had all the cases been subjected to an ophthalmologic examination. The age at which the condition may first make its appearance is very various. It may occur a few days or weeks after birth, or not until adult age is reached.

The conditions most frequently met with may be briefly enumerated. Of greatest importance must be mentioned interstitial keratitis. This does not mean that every case of parenchymatous keratitis spells congenital syphilis, but it is very suggestive and merits the greatest sus-

picion and investigation. Blepharitis and eczema of the lids may be another manifestation, generally accompanying other skin lesions. Iritis is another very common occurrence, and, as a result of the synechia thus formed, the pupil may remain unequal for the rest of life. The media itself may be affected. Vitreous opacities are not infrequent and may go a considerable degree. Cataracts are less characteristic and less common, but do occur as manifestations of this disease. Colobomata are rare and not necessarily of syphilitic origin. Choroiditis and retino-choroiditis in childhood, as a general rule, spell congenital syphilis. These conditions may be very early in their manifestations if not present at the time of birth. As a result of this condition a nystagmus may be produced.

Primary optic atrophy may result occasionally from other conditions, but it may be taken for a working principle that when present it means that the patient is a victim of syphilis in his forbears. Likewise paralysis of the ocular muscles may cause strabismus, but due to the great frequency of strabismus from other etiology, this offers very little diagnostic importance.

Conditions due to aplasia and agenesia may also refer directly to this disease. Thus there may be microphthalmia, there may be aplasia of the visual area of the cortex, with a resulting blindness that shows no evidence of peripheral disease. Choked disc may be caused by cerebral gumma. Anomalies of the pupillary reflexes, as Argyll-Robertson pupil, may be found in juvenile paresis and juvenile tabes.

It is not our purpose to take up the symptomatology of these conditions. The symptoms are probably well known to you or can be found in any text-book on the subject. Rather would we consider the significance of these conditions from the standpoint of etiology and the meaning to the life and happiness of the individual and the family. The etiological factor in all the syphilitic conditions is the same as in paresis, where, for a considerable time the tendency to recognize this as the etiological factor directly in the causation of the disease was hindered by the inability to demonstrate the organism in the tissue, so the inability to find the organism in the cornea in cases of keratitis, or in the optic nerve in cases of optic atrophy, entered to cloud the issue. Enough evidence, however, has now been accumulated to overcome this objection. It is difficult to find the organism in gummatous lesions, so is it very seldom possible to do so in these conditions; still, occasionally, the treponema has been demonstrated microscopically in the cornea, and inoculation experiments are very successful.

With the inception then that in dealing with an eye lesion due to congenital syphilis, we are dealing essentially and primarily with a treponematosis, our whole attitude must be influenced. The case no longer remains a condition of the eye, it takes on the broader view of a generalized infection. It first becomes necessary then to substantiate

our suspicion that the condition really spells a general syphilitic disease. In cases where the other manifestations of congenital syphilis are marked this, of course, offers no trouble; that is, where there is the Hutchinson triad, or very distinctive family history of abortions, miscarriages, and stillbirths, or where the parent admits infection, the decision is comparatively easy of recognition. In other cases we must have recourse to a Wassermann test of the serum.

This also has a great effect on the method of treatment. With the recognition that the patient is not suffering merely from an eye condition, but instead from a generalized infection, the treatment goes over from a merely local one to a combined general and local. There are two matters to consider in this treatment: First, the effect of this general treatment on the eye condition; and second, the effect generally on the patient. Unfortunately, general anti-syphilitic treatment does not have very great effect on most eye conditions. Many ophthalmologists doubt if such treatment does anything for interstitial keratitis. As a result, experimentation has gone as far as injecting salvarsan into the eye itself. Yet, most ophthalmologists and syphilographers feel that general anti-syphilitic treatment has a beneficial effect, and certainly there can be no difference of opinion in regard to the general health of the patient demanding this form of treatment.

In a certain number of the cases we are dealing with a severe form of disease. Thus cases of optic atrophy mean, as a rule, optic tabes, and one may find, on investigation of such cases, that the cerebro-spinal fluid present the findings, as in the acquired tabes dorsalis. Obviously, treatment has the same value in these cases as in the acquired type; that is, very little if any, good result is expected. The chief point is then that the recognition of these eye conditions by the ophthalmologist leads to the diagnosis of congenital syphilis, and, having confirmed this diagnosis, it means that steps should be taken to alleviate and treat the general disease. And there is still another situation to be considered. Knowing that the patient is a congenital syphilitic means, in the majority of instances, that his brothers and sisters are likewise afflicted, that they also require anti-syphilitic treatment. And how about the children still to be born? Often all our efforts are directed toward attempting to, in some way, ignore the vision of a mentally defective syphilitic who has at the best but a short span of life ahead, while we forget to take steps to help out the parents in a condition to give birth to normal children by getting them to undergo anti-syphilitic treatment. This may not be, in the narrow sense of the word, ophthalmology, but, in the great sense of service of medicine, it redounds to the credit of the ophthalmologist who, on account of his special training, is able to make the diagnosis of congenital syphilis and apply the values of this diagnosis broadly in the cure and prevention of the conditions, both local and congenital.

NOTES ON OBSTETRICS.

R. J. Lambert, M.D., St. Charles, Ill.

Some very interesting facts have been shown in my records the last four years, so I have compiled a short report of what I observed in my limited obstetrical practice. This report covers a period of four years, March 1, 1912, to March 1, 1916, and includes 224 cases, or an average of 56 a year, a little over one case a week. Of the 224 cases, 73 were primipara, 58 were second babies, 49 were third, 18 were fourth, ten were fifth, nine were sixth, five were seventh, two were eighth, and one was the ninth child. There were four sets of twins, two of these being born to primipara, the other two being the second confinement of the mother. The ages of the mothers vary from seventeen to forty years old; of the primipara from seventeen to forty years. I confined two primipara at thirty-eight with no difficulty but with the aid of forceps, and one primipara at forty without forceps and normal confinement. The last case had been operated upon two years before, having a curettage, removal of appendix, removal of right ovary and ventral fixation.

One woman was confined at 17, six at the age of 18, six at 19, five at 20, five at 21, ten at 22, seven at 23, ten at 24, thirteen at 25, ten at 26, sixteen at 27, sixteen at 28, seven at 29, six at 30, two at 31, six at 32, three at 33, two at 34, two at 35, two at 36, three at 37, two at 38, none at 39, one at 40, none at 41, one at 42, none at 43 or 44, but one at 45. The most popular age for confinement according to my reports was that between twenty-seven and twenty-eight. After twenty-eight, the confinements were less numerous than before that age. The most popular ages for primipara to be confined were twenty-two and twenty-five years of age. The average weight of primipara babies was seven and nine-tenths pounds; the average weight of all the babies born was eight and one-half pounds. Out of the 224 babies born that I had record of, 124 were born at night, 100 were born during the day. I did not have the time of birth of two babies. Of these 224 babies, forty-eight were born before midnight (six o'clock to twelve, midnight), and seventy-six were born between 12:00 P. M. and 6:00 A. M., and fifty-two were born between 6:00 A. M. and noon, and forty-eight were born between noon and 6:00 P. M., showing one-third more were born during the hours between midnight and morning than during the same space of time during any other part of the twenty-four hours. The same number were born during the six hours before midnight as were born during the six hours following noon. The hours of 3:00 P. M., 9:00 P. M., 3:00 A. M., 5:00 A. M. and 7:00 A. M. seemed to be the hour at which most cases occurred.

Two primipara had been married eight and nine years, respectively, before being confined, and conceived soon after having a dilatation of the cervix and vaginal tampon treatment.

I had 98 right occipito anterior presentations, 90 left occipito anterior presentations, two right occipito posterior presentations, five left occipito posterior, seven breech, one face, one brow, changed to left occipito anterior position. There was one case of left hand, left foot and cord presentation. One case shoulder presented was changed to podalic. I had three premature cases (two, seven months, and one, eight months); one seven-month born dead; the other lived two days. The eight-month child lived and did well. There were eighteen precipitate or deliveries before my arrival and four cases with no record of presentation.

Thirty-nine babies were born with the cord around the neck once, seven had the cord around the neck twice, and one had it around the neck two times and then around the body once; one had the cord around neck three times and around body once; one had the cord looped around the arm and the hand was pressing the left cheek; one had the hand on the chin, and one had the hand to the right face. One child had the arm around its neck, and one had the hand on the side of the head. One had the cord around the head and also around the shoulders. On one, the cord was around the shoulders alone. Three cords broke near the child while removing it from around the neck; one broke during delivery. In one case the cord was not removed from the neck until complete delivery of the child. Four cords were between two and three times as thick as an ordinary cord. One cord was very thick and over three feet long. I had eight cases of cord hemorrhage occurring some time after the delivery and dressing of the baby and cord. In one case the membranes strung out over two feet long.

There were four cases of twins. One was complicated, being locked with breech presenting in the first and the second head (one placenta and two cords); combined weight, thirteen and one-half pounds. The second case of twins had two separate placentas and two cords; combined weight, twelve and one-half pounds. Two cases of twins had two separate cords and membranes with only one placenta; combined weight of one was sixteen pounds; the other was ten pounds. I had two cases of spina bifida, one complicated with hydrocephalus. One case of talipes varus, both feet. I performed version six times, one to cephalic and five to podalic. I had two cases of placenta previa marginalis; examination revealed case, and torn placenta confirmed finding.

I used high forceps twenty-seven times and low forceps six times. In five cases the forceps slipped and would not hold, but finally delivered four; the other case I had to perform version and deliver podalic, after using three different pairs of forceps and delivery being attempted by three physicians. Two cases of placental adhesions required delivery with placental forceps. Three cases of adherent placenta finally delivered by Crede's method.

There were five cases where the baby was born with the membranes covering the face, or with a caul.

One case had a complete uterine prolapse between the third and fourth month and was treated by rest in bed with replacement and astringent douches and tampons, but was delivered at term without special trouble. One case had such a large goiter that she could not get her breath when she was lying down and the legs were very edematous, almost twice their normal size. The edema all left before delivery and the goiter reduced over one-half in size.

I had two cases of puerperal eclampsia, one occurring the second day after delivery. I was at the patient's side at the time of the first convulsion and immediately gave twenty minims of subculoyd veratrum. The patient had a second convulsion in fifteen minutes, but of much less severity. I gave a second dose of veratrum, then morphine and strychnine. No more convulsions, and I prescribed Lloyd's specific apocynum and Lloyd's specific veratrum with good recovery. The second case occurred the ninth day after delivery; one convulsion; one hypodermic of subculoyd veratrum given just after the convulsion checked them, and a good recovery occurred under the use of veratrum, apocynum and saline laxatives.

There were five cases of antepartum hemorrhage, three cases one to four months antepartum, and one case gave birth to a premature seven months that did not live, and one to a stillborn. The third, the liquor amnii was thick and dark colored, but child was all right and normal. These three cases gave a history of severe pain and heavy discharge of liquor amnii two to three weeks before delivery. In the other two cases the pain and hemorrhage was only a few hours before delivery. I had several cases where the liquor amnii was replaced by a thick grayish to black semi-fluid substance. There was no effect on the child, except that it usually was covered with vernix caseosa.

I had fifty cases of postpartum hemorrhage controlled with either ergot by mouth or hypodermic, by quinine, or Crede's method of massage, or combination of all. I had two very severe hemorrhages requiring two or three hours to control. Normal salt, strychnine, etc., were given for stimulation as patients were pulseless at times. One case of postpartum hemorrhage occurred two and one-half hours after delivery.

There were fifty-one cases of perineal lacerations requiring attention at the time of delivery. Several small lacerations required no attention. The majority were repaired with one suture, a few required two sutures, and two, three sutures. Part of the cases I have no record of what tore the perineum, but of the cases I have a record of, I find the shoulders tore at least 40 per cent. One forceps case was torn through to rectum, repaired at time of confinement, a recto-vaginal fistula formed but healed over before the mother left the bed. Some few repairs did not hold, as

revealed by examination later. Some lacerations were prevented by cutting the vaginal sphincter on the side.

One case of puerperal insanity developed the ninth day after delivery and recovered under treatment after four months. This case had hyperemesis gravidarum very severe during most of the time of pregnancy, also a very badly ulcerated cervix.

Four cases of puerperal infection, with one death (a case the neighbors delivered then called the doctor). This case gave a history of chronic anemia. The second was tubercular, the third case had been ill before, the fourth case had always been healthy, but was a forceps case. This case was curetted on the ninth day.

There were eleven cases that had a rise of temperature lasting two or more days. Four of these were the result of exposure by getting out of bed and catching cold the third or fourth day. One case, in a hospital, had symptoms of infection; two others with graduate nurses on the case showed all the symptoms of infection, but were normal after three or four days' treatment, including hypodermics of subculoyd echinacea, hot douches, hot fomentations, laxatives, echinacea, and indicated remedies internally. The other four were given similar treatment, but I could not account for the elevation of temperature, which was controlled in two to three days. There were twenty cases of dry birth, due either to an early rupture of the membrane or a deficient supply of liquor amnii.

I found vernix caseosa very abundant in the majority of cases of protracted labors, leading me to think that it has some effect in prolonging labor. The cases where there was plenty of fluid and the membranes did not rupture until only a short time before delivery were usually clean babies. This holds true especially with the primipara. In multipara I found the vernix caseosa quite abundant in normal, easy births.

I lost five babies just at or after birth, besides the two premature births; one was due to defective structure, there being no opening into the posterior nares, the soft palate was grown fast to the pharynx, the child giving only a few gasps for air, which became farther apart and weaker despite all methods employed at resuscitation. One child died from asphyxia, due to prolapsed cord and pressure of the head shutting off circulation during delivery. Two children died about five hours after birth from bruises, cuts and exhaustion experienced during delivery. These were extremely hard forceps cases, requiring forcible dilatation of the cervix after several days' labor pains, rupture of the membranes twenty-four hours previous, also exhaustion on the part of the mother.

I lost no mothers at the time of confinement, but one died four weeks after confinement from infection, even after a curettage. Almost all recuperated rapidly with two or three exceptions, and my rule is to keep the mothers in bed from ten days to two weeks; yet some will not obey orders and suffer after-effects from getting out of bed too early.

Two mothers I confined had large umbilical hernias; one especially seemed impossible to deliver without forceps, because pains caused only a bulging of the hernia, and no progress after several hours. She was delivered normally with very few pains after placing a stout binder around the abdomen.

Of the 226 babies born, I find 101 were males and 125 were females, there being one-fifth less males than females born. The males averaged eight and two-tenths pounds, each, and the females seven and three-fourths pounds, each.

I had six cases (multipara) with a bad vesicocele and protrusion of the anterior vaginal wall, so much so as to interfere with delivery.

I used pituitary extract (one c.c.) in fifty-three cases, and in three cases I gave the second injection of one c.c. My observation from the use of pituitary extract is that it stimulates uterine contractions always, but is not of much value in obstetrics except when you have some dilatation of the cervix (about as large as a dollar), no obstruction to delivery of the child, some normal uterine contractions, and after the first stage of labor is established or at the beginning of the second stage of labor. The use of pituitary extract will often save time for the physician and suffering for the mother. I have had two or three cases that could be called "twilight sleep," by the combined use of chloroform and pituitary extract, so far as any memory by the mother of pain during confinement. I do not value pituitary extract as a hemostatic, as I have had two or three hemorrhages after using pituitary extract, but it may be of value in some cases. I find a variation in the effects on patients, also a difference in the action of the different manufacturers; I prefer "Pituitrin," Parke, Davis and Company. Quinine is also of value for stimulating contractions, only slower in action than pituitary extract, but it is a better hemostatic.

I find traction on the cord following delivery of the child, combined with Crede's method of massage of the uterus, a great aid in hastening the delivery of the placenta and no bad results from this procedure.

Attention paid to your obstetrical patient before, during and after confinement will occupy considerable time and attention. There are no two cases exactly alike or that demand the same treatment and care. A physician should hear from the expectant mother often, examine the urine regularly, give advice as to habits, diet, breasts, etc., and, if necessary, give the indicated remedy before, during and after confinement that will aid, relieve and assist the mother to make her puerperium easy. The so-called "twilight sleep," "gas anesthesia," H. M. C., and other methods to make confinement easy have their place and can be used under proper conditions which are within the financial reach of the average expectant mother.

At the time you are called, do not put off seeing the patient until you think you must be there, but go promptly; do what you can to make the expectant mother comfortable. Look after the bed, see that it is sanitary,

assist the patient during her pains, let her take the position that she prefers, use hot perineal pads as they often make a patient grateful to you. Have patience, be willing to be abused, if necessary, or to be thanked for the little help you render. If necessary, use medicine to relax the cervix; use a little chloroform, if needed. I do not like the complete anesthesia, as it may have bad after-effects and you do not get the patient's help if you should have a hemorrhage following chloroform.

I do not think a physician can do full justice to an obstetrical case nor himself unless he be paid a reasonable price ($25.00 or more), and all charges should include after calls and care until the patient is out of bed and in a normal condition, including the final examination which is made six weeks to two months following the puerperium. The physician should be the judge as to how often it is necessary to see his patient following the birth of the child, so his charges must be enough to pay him for doing proper work.

A NEVUS—A MONSTER—OR A MOTHER'S MARK.

H. S. Lowrance, M.D., Chebanse, Ill.

You are all familiar with these terms, so we will not take the time to try and define them in this paper, but we will ask two questions instead, and at once offer our paper, "Can a mother mark her child in utero?" "Do we have sufficient evidence to believe that she does?" To both of these questions I answer yes. We believe she can and does.

Not long ago, a discussion took place in an Eastern medical journal between a country doctor and an Eastern medical professor, the country doctor claiming that a woman could mark her child, and the professor claiming she could not, and each one cited cases in the argument. I know that there are many doctors who do not believe that a woman can do this, and there are many others who are just as sure, claim that they do, and how long medical men will have different opinions on this subject no one can tell, no, not even guess.

To begin our paper, we will first cite you to the Biblical account of Laban and Jacob, the matter of wages to be paid Jacob for his services to Laban, and this account is told in Genesis, thirtieth chapter, and from the twenty-eighth to the forty-third verses. This is the first account of any matter on this subject that I have heard of. To those who do not think as I do about this matter, it might be well to read the verses referred to. One can see how the mind of the female of the species can influence their offspring. The chapter spoken of is positive proof to me that there is sufficient evidence to claim that females can and do mark their offspring in utero. At just what time this marking does take place we are not able to say, but it is in the early months of gestation, as certain marks show after birth. Because every child is not marked that might be is no reason or

evidence that a child can not be marked. There is one predominating feeling in all these cases that I have met, and that is fear. They are always afraid of something going to happen—they worry, fret. Many pregnant women will tell you, "if they can only think and not touch themselves after being frightened they will not mark the baby," but how far that theory will go I can not tell.

In a period of nearly thirty-eight years of obstetrical work we have seen many children that were marked, as we claim, by some act or influence of the mother's mind over the development of her child. I will cite a few cases:

Mr. A. C., a soldier of 1861 to 1865, had a certain general, whom he liked very much, and this general had six toes upon each foot, and when the soldier married in 1868, he talked so much to his wife, who was an expectant mother, of this deformity, and accidentally stepping upon the bare foot of the wife with his boot heel, injured the foot and caused the wife to worry about her baby "almost day and night," fearing a deformity. When her child came—a boy—he did have six toes upon each foot, and the foot and toes were perfect in every way except the number of toes upon each foot.

Case 2.—Mrs. John B., at the age of twenty-four, when about four months along in pregnancy in going down in the cellar, when two steps from the bottom, had her *left* ankle turn or twist to the inside and she fell. Her ankle troubled her for several weeks and was quite painful and had to be rubbed often with liniments and she could not use it except she used a cane or crutches. She, as all mothers do, worried and fretted for fear her child would have a bad ankle or leg. At her full time, when her baby came, sure enough it had as nice a case of talipes varus of the *left* foot as anyone could ever see. The tendons were operated upon later, and now the young man has as good a foot as any person, is now a printer and is not bothered at all.

Case 3.—Mrs. S., being about three or four months along in pregnancy, had an inordinate appetite for mulberries and she could not get them where we lived, and in making a business trip to a nearby city I was able to secure a box for her. After reaching home, I tiptoed quietly into the room, and, with a double handful, placed them before her. In doing so, one berry fell against her neck and lodged in her collar, and this frightened her and she grabbed for the berry and could not get it as it caught in the collar. In due time she was confined, had a severe labor, but when the baby was born, as nice a mulberry was upon the right side of the neck as one could see. Another thing in this case was, when mulberry time came, that mulberry was very much plainer than it was after the season was over.

Case 4.—Mrs. Jensen, a foreigner, rather an ignorant person, was, in the absence of her husband, attending their bunch of horses and sheep; would lead the horses to water at the windmill water trough, which was

perhaps a quarter of a mile from the barn. At the time she was some three or four months in pregnancy, but we could not get her to say for sure. One of the horses was a vicious stallion, and she usually carried a whip with her to make him mind, and, though she always said she was not afraid of him, she watched him closely. The morning of the following trouble, she had started to water him when something caused her to notice out of the corner of her eye the stallion was on his hind legs, ears back, head pointed forward, teeth showing, as though he was going to bite her. She struck him with the whip, pulled him down, and started again when he did the same thing—up on his hind legs, head thrust forward, teeth showing, ears back, front legs hanging down, and making a peculiar neigh or whinny. She admitted at this time that she was badly scared, dropped the halter and tried to run to a gate close by when her foot caught in her skirts, tripping, so she fell full length, but she called for help and a passing neighbor went to her relief quickly. The nervous shock was great and she was in bed for some days, and, like all expectant mothers, worried about the baby, fearing it might come too soon or be marked in some manner. When baby did come, it was at full term, and she had a rather easy labor, for she was only about four hours in labor proper. The baby—oh, my! It was a great monstrosity. The outer edge of the ears were grown fast to the very much elongated head, it did not have any nose, just two holes in the face, the forearms and hands hung down and across the chest or body, it had two lower front teeth and three upper, no lips, and the penis was grown to the abdomen the full length and resembled a horse's sheath. There was little or no forehead and it was flat. Baby did not cry but had a peculiar whine or whinny, or a noise similar. The creature did not live but twenty-four hours as it could not take any nourishment, seemingly could not swallow.

I tried to get a picture of the infant or the infant itself, but the parents would not permit either, claiming it was "the hand of God" placed upon them for some of the sins that one or the other had done before their marriage, and that they would be punished more to permit such a thing. As I was the health commissioner, I tried to get the child, for the parents had buried the infant in the cellar to prevent us getting a picture, so I issued an order to the sheriff to take the child and bury it in the cemetery and thus get a chance to take the coveted picture of the monstrosity, but the father got word of this and quietly dug up the body and left the State, leaving the mother to follow later when able to travel.

If a mother can influence the disposition of her child, which I guess no one will doubt, and can so act that some facial mark will show, or give to her baby some peculiar trait of *appetite* or of *taste,* why can not she mark it in a bodily manner as well?

I could cite a number of cases, but it would make my paper entirely too long and I fear it is now too long. The cases I have reported came under my personal observation and I have stated facts as they existed and

very little is hearsay. Some doctors say a mother *can* mark her fetus, and others claim they absolutely *can not,* and so the debate goes on.

INTESTINAL OBSTRUCTION, ETIOLOGY, DIFFERENTIAL DIAGNOSIS, SYMPTOMS AND TREATMENT.

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Of the grave pathological conditions which often befalls the individual there is none that is so prone to be attended with such serious physical distress as is observed in occlusion of any portion of the intestinal tract. This affection is, from the very nature of the disease and the parts involved, one for the surgeon to cope with, and it matters little how experienced the operator is he views the pronounced case with doubts and fears for the favorable outcome of the attack, as the symptoms are urgent, diagnosis difficult, treatment uncertain, and the termination fatal unless relief is obtained through surgical measures.

For the better understanding of the subject it is thought best to discuss the condition in general and later refer to its various pathological causes under separate heads. It is estimated that one in 300 deaths from other causes can be traced to some form of intestinal obstruction. This percentage gives some idea of the relative frequency with which the ailment is met in general practice.

It is common practice with members of the medical profession to classify this morbid affection into the acute and chronic, but it is not an easy matter to recognize where the former ends and the latter commences. The acute form of the disease, which is also known under the name of *ileus,* is supposed to be due to an inverted action of the intestines, inflammatory or not, the contents of which are directed, in a retrograde course, into the stomach provoking severe retching and vomiting.

With these conditions presenting, the surgeon must determine, if possible, whether he has obstruction of the bowel to contend with or some other morbid state of the intestinal tract with symptoms somewhat in common with it.

The typical symptoms present in intestinal obstruction are absolute constipation, retching and vomiting, first mucus streaked with bile and later fecal matter. Distention of the abdomen with pain varying in location and intensity; temperature may be subnormal with pulse rate increased.

Peristalsis is generally active, with marked tenderness over portions of the abdomen. The patient usually presents an anxious look, is restless, sleepless, and is frequently belching gas or making an effort to do so. If relief is not obtained within a reasonable time the patient becomes cyanotic, is short of breath, followed by symptoms of collapse.

In observing a patient presenting these symptoms the surgeon is to decide what morbid conditions may be the cause of the occlusion. Let us consider

in this connection the symptoms presenting in a case of strangulated hernia. Here we observe most of the symptoms eumerated above, and, in addition, we note the *local swelling,* if the hernia occurs in any of the superficial openings of the body. Then, again, the bowel may become impinged through a rent in the diaphragm, or become entangled in a pocket or *snare* formed by bands of inflammatory adhesions; again, a portion of omentum may become incarcerated, the morbid state being accompanied with nausea and vomiting, yet bowel movements continue for a time and until such time as a resulting peritonitis closes the gut, intensifying the symptoms of bowel obstruction.

A volvulus or a twist in the gut which may take place in any portion of the small intestine, but more likely in or near the sigmoid flexure, is a common cause of obstruction. Intussusception, another common cause, is noted more frequently in children than in old age, accounted for, perhaps, by a lax condition of the abdominal organs in the young. This invagination of the bowel takes place more frequently in the ileocecal region than in other portions of the intestinal tract; however, it not infrequently occurs in the ileocolic region following severe attacks of diarrhea.

In the former, the ileum and ileocecal valve pass into the cecum and colon, and in the latter variety the ileum prolapses through the ileocecal valve. Out of 237 cases of intestinal obstruction tabulated in the Annals of Surgery, 140 were of the ileocecal variety and thirty-one ileocolic.

Ovarian and uterine tumors often attain a size sufficient to obstruct the bowel by external pressure, as will enlarged kidneys and spleen. The author executed a laparotomy on a woman in December, 1915, for obstruction, which proved to be due to an ovarian cyst, the size of a pint cup and so closely adhered to a section of the colon through inflammatory action that a portion of the sac was left intact with the gut when the greater part of the neoplasm was removed. In another case of occlusion operated on at about the same time, the obstructing medium was found to be inflammatory pelvic adhesions, that so completely tied off the sigmoid flexure that a rectal tube of small size could not be forced through the constricted part. A laparotomy disclosed such an extensive mass of adhesions, involving a prolapsed state of the sigmoid flexure, that a colostomy was decided on, which was executed, establishing an artificial anus for permanent relief of the morbid conditions.

Paralysis of the bowel giving rise to obstruction from accumulation of fecal matter is not uncommon. In such cases the occlusion is due to a diminution or abolishment of the peristaltic action of the gut.

Foreign bodies that have been swallowed and gall-stones not infrequently find lodgment in some part of the intestinal tract, where they form a nucleus for calcareous accumulations or produce ulcerations that later on eventuate in a stricture of the lumen of the intestine. Likely locations for

the lodgment of these foreign bodies are the cecum and lower portion of the ileum.

There are other serious ailments the abdominal viscera are subject to that have some features in common with intestinal obstruction; hence it is very necessary that a differential diagnosis be made before directing a treatment for the morbid conditions. A strangulated hernia results in obstruction of the bowel, but the sudden local pain and swelling, accompanied with vomiting and collapse, usually points to the nature of the occlusion, and, while obstruction occasionally follows an attack of general peritonitis as a result of bowel paralysis about the third day, yet a history of general abdominal tenderness, attended with marked rigidity of the abdominal muscles and *constant sharp* pain throughout the abdomen, will determine the primary cause. Other symptoms, such as rapid pulse, constipation, retching and vomiting, and pronounced prostration are symptoms quite in common in both morbid conditions.

Acute enteritis is attended with vomiting and pain, but the latter symptom is located usually about the umbilicus, differing in this respect from the pain experienced in occlusion, wherein it is noted to come on quite suddenly and is diversified in character. Diarrhea is usually present in enteritis and absent in occlusion. Bowel movement can be excited with enemas in enteritis but not in occlusion. The pulse rate is not usually increased, neither is abdominal rigidity a noted feature; both conditions are markedly increased in occlusion.

In severe attacks of inflammation of the pancreas and perforation of the stomach and upper intestinal tract through ulceration, cramp-like pains are frequently experienced in the upper abdominal section instead of diversified as in obstruction, and, while vomiting is common in these affections, the matter expelled is not fecal in character as it is in occlusion. The premonitory symptoms presenting in these ailments usually point to the nature of the disease and the organ affected, if accurate history can be secured from the patient and friends. Determining the cause of intestinal obstruction when due to paralysis following embolism and thrombosis of the mesenteric artery is not readily accomplished; however, should the patient be afflicted with arteriosclerosis in a marked degree, a plugging of the mesenteric vessels may be reasonably suspected.

From an extended experience in the treatment of bowel obstruction, the writer can say that in many cases the primary cause is clouded in doubt, at least in the early stages of the morbid condition, and in some it will require an exploratory laparotomy to determine the existing pathological condition, and this course should not be delayed beyond the second day if the vomiting increases in severity, is fecal in character, and enemas fail to bring relief. In volvulus and intussusception, fecal vomiting usually takes place about the third day, not later than the fourth, and the systemic shock appears at about the same time. Pain is most severe and is a marked feature in both

conditions. If not detected early in the attack, both morbid states present the most serious of all forms of occlusion, excepting cancerous affections, on account of the extensive involvement of structure encountered in the case of intussusception and the inaccessible portion of the bowel complicated in volvulus, the usual site being in the sigmoid flexure.

Cancerous and sarcomatous growths not infrequently result in intestinal occlusion, the common site of the former being in or near the ileocecal valve and the sigmoid flexure, the latter growth more frequently attacking the large intestine and is noted more frequently in youth than in old age.

The morbid condition is usually slow in development and is accompanied with certain symptoms indicating the nature of the disease. The sharp, lancinating pain *always located* at the seat of the growth, constipation alternating with diarrhea, the latter not infrequently accompanied with blood-streaked discharges. The patient usually presents a cachectic appearance, is more or less emaciated, with marked lowered vitality. If the abdomen is not too fat the tumor can be outlined upon palpation; usually the progress of these growths is slow. There are cases on record, however, where the local disturbance rapidly eventuated in acute obstruction and even intussusception. In connection with the above pathological conditions, there is often enlargement of the superficial glands due to lymphatic infections.

Diagnosis.—That obstruction of the bowel exists is easily determined, but it is not always readily determined at what point in the intestinal tract the occlusion is located. As previously stated, certain forms of obstruction may be located by abdominal palpation in individuals of spare build, and intussusception involving the sigmoid flexure can often be determined by a finger in the rectum. Vomiting of fecal matter early in the attack, accompanied with marked distension of the umbilical region of the abdomen, indicates the seat of disturbance in the ileum. Should marked collapse accompany the vomiting with suppression of urine without much gaseous distension, the duodenum or jejunum is likely to be the seat of trouble. If the obstruction be in the descending colon or sigmoid flexure, there is distension of the entire abdomen with more or less tenesmus and some urinary disturbance. It is impossible to introduce a flushing tube beyond the seat of the obstruction, and to force its introduction would be attended with danger.

A not unreliable test for occlusion of the large intestine that is frequently resorted to early in the attack in the adult is the injection of some bland fluid with a fountain syringe. If six quarts, or near this amount, can be introduced, it is taken for granted that the obstruction is above the large intestine, but if less than four quarts can be retained, the seat of trouble is likely to be located in some part of that portion of the intestinal canal.

Treatment.—The course to be adopted in the treatment of intestinal obstruction will depend in a great measure on the cause producing it. In the majority of cases the successive steps will be entirely surgical; however,

if these cases are seen early, there are preliminary procedures that should be made use of before resorting to more heroic measures. Enemas of turpentine, glycerine and warm water, or some other favorite solution should be given to evacuate a possible loaded rectum and colon, and, while physic should be withheld, yet frequent sips of ginger ale or tea should be allowed at the onset of the morbid condition to relieve thirst and nausea. If vomiting of stercoraceous matter is a feature of the case, clearing the stomach with draughts of warm mustard water will be the proper course to adopt. If pain is severe, heroin or morphine with atropia may be given to the point of relief, followed during the quiescent stage with hot, wet packs to the abdomen. If no satisfactory bowel movement is obtained within thirty-six hours from these procedures, in acute cases, an exploratory incision should be made and the cause of the obstruction ascertained, followed by such further operative measures as the individual case will demand. If the obstruction is found to be due to stricture and the morbid condition be in a portion of the intestinal tract, where it is accessible, one of two courses should be adopted: Untwist the bowel and shorten the mesentery by doubling it upon itself and holding it in that position by several sutures of catgut, or the affected portion should be excised and an end-to-end anastomosis effected, using iron-dyed silk as suture material, the ends of the severed gut approximated over a gelatin capsule of suitable size. The capsule aids materially in the placing of the sutures, following which it can be compressed by the operator's thumb and finger and forced below the operative site in the bowel, where it will soon dissolve in the intestinal fluids.

Gangrene of a portion of the bowel resulting from a plugging of the main mesenteric vessels will demand the removal of the affected section if small, and should be done early in the attack, otherwise the operation will give but little promise of saving life, as there are no characteristic symptoms indicating approaching death of a portion of the gut. Such being the case, it is evident that in all cases of intestinal obstruction where the cause is obscure an early exploratory incision should be resorted to.

It is possible to reduce an attack of intussusception by forcing air into the bowel by means of an ordinary bellows through a rectal tube inserted in the bowel as far as possible, or by the injection of quite warm, weak borax water with a fountain syringe. This should be done gradually, the rubber bag being held at a height of two to three feet above the patient. Previous to adopting either method, a hypodermic injection of heroin and belladonna should be given to overcome peristalsis, which is generally a troublesome feature in acute cases. The above measures are especially commended in intestinal obstruction in infants and early childhood, the patient first being placed under an anesthetic to relieve the consequent pain that the distension of the bowel usually produces. These measures should not be practiced beyond the period of twenty-four hours; then, without pro-

nounced relief, resort should be had to exploratory incision, as only by this means can the true pathological condition be determined.

In dealing with impaction of the bowel, a marked difference of opinion exists among medical men, whether to resort early to an exploratory operation or to persevere in the administration of lubricating agents, such as castor, olive or mineral oil, aided with high enemas of glycerine, turpentine, and quite warm water, as cases are on record where very large concretions have safely passed the alimentary tract after several days' obstruction; but it must be borne in mind that the symptoms accompanying this cause of occlusion in no wise differ from those observed in what would prove to be fatal cases resulting from a band of adhesion, or an internal hernia; hence, it would appear that a too conservative course in these cases would be inviting a fatal termination that might have been averted had a laparotomy early revealed the true morbid state; for this reason the surgeon who dallies too long with preliminary measures, at least beyond the period when an operation may be successfully undertaken, is incurring a very serious responsibility.

The proper method of procedure after the abdomen is opened, in gall-stone impaction, is to needle the lith through the intestinal wall if found to be soft and yielding, otherwise it should be removed through an incision in the gut of sufficient size to allow it to be turned out, the rent then united with silk sutures, an operation that can be quickly executed and doing little damage to the bowel. Morbid growths in the walls of the intestine may necessitate resection of a portion of the gut, if situated where an anastomosis can be executed, otherwise it will be necessary to make an artificial anus to relieve the morbid state.

Giving cathartic doses of castor oil, the salines, or other drastic medicinal agents in intestinal obstruction, attended with marked symptoms of inflammation, often aggravate the distressed condition, it being much better treatment to give weak salt water enemas and the application of hot, wet packs with an occasional hypodermic injection of heroin and belladonna during the period of preliminary treatment in a large majority of the acute cases.

In cases of rectal impaction it is often impossible to introduce a rectal tube or even inject lubricating fluid in small quantities into the rectum. In such cases it will be necessary to clear the rectal pouch with a small scoop-like instrument fashioned like the handle of a spoon. The latter may be utilized if none better is at hand.

Unfortunately, the surgeon does not see a case of intestinal obstruction until late in the progress of the morbid condition and after the patient has been subjected to various kinds of treatment at the hands of those about him; and, again, operation is seriously objected to at a period when such a course gives the most promise, the professional attendant being importuned to try this, that and the other "sure remedy" that the friends have known

to "never fail to *go through*. The surgeon who has cases of this kind to contend with must be content with a mortality ranging from 60 to 80 per cent. When called to a case markedly shocked, or in collapse, it is not always a safe plan to attempt to search for the obstructing medium under general anesthesia. A safer course to follow will be the making of a suitable abdominal incision under local novocain or quinine and urea hydrochloride infiltration, exposing the distended section of the gut immediately above the occlusion, suture it to the adjacent peritoneum with fine silk or catgut, care being taken to not enter the mucous surface of the intestine. An opening is then made in the gut about an inch in length, parallel with the long axis of the bowel, through which the accumulated gas and fecal matter will escape. Following this procedure, a short section of rubber tubing is inserted just within the margins of the intestinal incision and anchored with two or three stitches of fine silk. The incised area of the gut is next adjusted around the tube with a purse-string suture of silk, which is carefully passed in the peritoneal membrane only. The escape of pent-up fecal matter and poisonous gases thus provided for will give the patient a promise of recovery from the collapse state into which he has passed, and later, after better physical conditions obtain, the abdomen can be opened and the obstructing medium found, and, if possible, removed; if not, life may be prolonged by providing an artificial opening in the gut and abdominal wall through which the intestinal contents will be discharged. The bowel movements can be regulated by placing a compact gauze pad firmly over the artificial anus, which is held in place with a bandage of cloth or rubber mesh material.

THE MOUTH.—At last men are beginning at the beginning and seeking the causes of disease in the first part of the primæ viæ, the portal through which pass our foods. And how beautifully the correlation of the medical professions is shown—the dentists traced the causation of pyorrhea to a local infection made possible by intestinal autotoxemia, and the doctors retort by finding in pyorrhea the source of many other ailments. In the *New York Medical Journal* for April 29, 1916, Daland discusses the constitutional conditions caused by oral sepsis. A four year's series of boils and carbuncles, numbering 180, came to an end only after a pyorrhea had been cured. The coincidence of acute rheumatism with similar sepses is being noted by many observers. Osteitis, arthritis deformans, parenchymatous nephritis, anemia, bronchitis, pneumonia, pancreatitis, cholecystitis, cholelithiasis, indigestion, septic or duodenal ulcers, neuralgia, sciatica, iritis, phlebitis, skin eruptions, pruritus, malaise and secondary streptococcal infections by no means exhaust the list. *Moral,* keep the teeth clean and see your dentist every six months.

THE NATIONAL
Eclectic Medical Association

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Myers, Nicholas P., Florinda..... 18
Moodie, Bazil M., Ft. Ogden..... 17
Phillips, Jas. C., 106 Main St., Jacksonville.. 17
Saxton, D. E., 105 W. Palm Ave. Tampa.... 16
Spears, Gus. O., Baker..... 17
Wells, J. S., Arcadia..... 16
Zander, Wm. F., Ft. Meade..... 17

DELINQUENTS.

Adolphus, G., Clearwater..... 12
Chapman, B. A., Dowling Park..... 11
Fuqua, C. C., Hilliard..... 14
Miller, G. C., Vernon..... 11
Rice, J. P., Miami..... 12
Smith, J. B. G., Sumatra..... 13
Whidden, E. K., Punta Gorda..... 12

GEORGIA.

Adams, C. H., R. F. D. 6, Box 101, Atlanta.. 17
Anderson, F. G., 722 W. North Ave., Atlanta. 17
Anten, J. W., 808 Marietta St. Atlanta..... 17
Baker, L. P., Nat. Bk. Bldg., Atlanta..... 17
Ball, E. V., 700 Austell Bldg., Atlanta..... 17
Brown, W. J., Rome..... 17
Collins, T. J., Griffin..... 17
Daniel, E. L., 701 Empire Life Bldg., Atlanta.. 17
DeLay, J. W., Rome..... 17
Durham W. P., Sasser..... 17
Duvall, J. R., 1610 Candler Bldg., Atlanta.... 17
Fleming, A., Waycross..... 16
Gilstrap, J. C., Suwanee..... 16
Goss, J. H., Jr., Decatur..... 17
Griffiths, Daniel H., 701 Flat Iron Bldg., Atlanta. 17
Johnson, D. N., R. F. D. 4, Atlanta..... 17
Lee, T. M. Luxomie..... 16
McDonald, Paul, Bolton..... 17
McNaughton, A. B., 1555 Walton Way, Augusta. 17
O'Bannon, Albert, Pava..... 17
Pace, W. T., Smyrna..... 17
Powell, J. H., Atlanta Nat. Bk. Bldg., Atlanta. 17
Ragsdale, G. W., Taylorsville..... 16
Walker, O. B., Bowman..... 16
White, A. F. Flovilla..... 17
White, John W., 611 Lee St., Atlanta..... 17
Whitfield, C. E., Woodstock..... 17

DELINQUENTS.

Adamson, O. D., Raymond..... 15
Akin, B. F., Jenkinsburg..... 14
Biggers, Stephan P., 128 Emmett St., Atlanta.. 11
Brantley, J. Q., 824 Austell Bldg, Atlanta.... 12
Bragg, E. E., Atlanta Nat. Bank Bldg., Atlanta. 12
Bryant, Leroy, Maxeys..... 11
Collinsworth, P. L., Clarkston..... 11
Cowart, O. J., Middleton..... 13
Curtis, C. F., R. F. D. 3, Decatur..... 15
Darnell, J. S., Woodstock..... 11
DeVore, Dr J. R., Suwanee..... 11
Dorsey, H. A., Pitts..... 13
Durham, W. M., 208 Gould Bldg., Atlanta.... 13
Durham, W. M., Jr., 9 Gould Bldg., Atlanta.. 12
Edwards, J. I., Fayetteville..... 12
Elder, C. D., Marietta..... 13
Faulkner, Jas. A., Jasper..... 13
Findley, J. F., Cave Springs..... 11
Gramling, Robert E., Atlanta..... 11
Grizzard, N. J., Nat. Bank Bldg., Atlanta.... 13
Groover, C. R., Augusta..... 15
Hagood, G. F., R. F. D. 7, Marietta..... 14
Hammond, J. H., Enigma..... 13
Hancock, W. H., R. R. 7, Carrollton..... 15
Harris, E. L., 306 Atlanta Nat. Bk. Bld, Atlanta. 14
Hathcock, Giles, Belton..... 13
Hembree, J. I., Walnut Grove..... 13
Holt, J. F., Vienna..... 13
Howell, J. L., Orange..... 14
Hudson, F. P., Rose Bud..... 12
Hughes, T. W., 16½ N. Broad St., Atlanta.... 15
Jinks, M. W., Lawrenceville..... 12
Johnson, M. T., Lawrenceville..... 13
Johnson, W. H., 612 Austell Bldg. Atlanta.... 12
Jones, Dewitt, Cummings..... 11
Landrum, W. L., Taylorsville..... 13
Larabee, Chas. W., Helen..... 15
Lee, H. B., Luxomie..... 13
McCleere, R. L., Kennesaw..... 14
Maddox, T. H., Orchardsville..... 14
Mann, A. J., Alvaton..... 12
Mauldin, P. O., Norcross..... 12
Miller, C. W., 825 Austell Bldg., Atlanta..... 13
Moore, B. F., Elberton..... 11
Moore, R. M., Waleska..... 13
Morris, J. L., Tazewell..... 13
Parliment, D. H., Covington..... 15
Patterson, G. W. D., Jr., 415 Greenwood, Atlanta. 13
Pierce N. H., Suwannee..... 11
Pirkle, L. P., 1555 Walton Way, Augusta..... 12
Ponder, R. E., R. F. D. 2, Stilesboro..... 11
Quillian, W. H., Belton..... 11
Rhodes, N. S., Roswell..... 11
Rhyne, L. H., R. F. D. 5, Box 61, Atlanta.... 12
Rhodes, Barlow D., Grayson..... 13
Robak, J. L., Jonesboro..... 13
Salter F. D., 68 Broad St., Atlanta..... 12
Smith, H. T., R. F. D., Lawrenceville..... 13
Smith, J. Rufus, 308 Gould Bldg., Atlanta.... 12
Steed, J. H., Dalton..... 11
Thomas, Elzie B., 121 Park W. E., Atlanta.. 12
Trible, J. M. Lithonia..... 13
Truax, Florence T., 497 Cherokee Ave., Atlanta. 12
Truax, H. E., 497 Cherokee Ave., Atlanta.... 12
Vinings, J. H., 504 Decatur St., Atlanta..... 15
Vryonis, S. G. Bicatos, 825 Austell Blg., Atlanta. 13
Webb, W. A., Lithonia..... 11
West, Grover, R. D. 8, Carrollton..... 12
Wilson, C. N., Maysville..... 11
Worrill, W. H., Soperton..... 13
Youmans, H. D., Surrency..... 11
Young, L. S., Moreland..... 14

IDAHO.

Barton, Clark A., Payette..... 18
Moxley, J. O., Lewiston..... 16

DELINQUENTS.

Snyder, Houston E., McCall..... 12

ILLINOIS.

Barnes, F. E., Charleston..... 17
Bennett, J. P., 21 Van Buren St., Chicago.. 16
Billings, J. S., Athensville..... 16
Brown, Mareva D., 139½ E. Main St., DeKalb.. 16
Brown, O. J., DeKalb..... 16
Coley, L. A., Pittsfield..... 16
Connett, J. E., Lawrenceville..... 17
Dattelzweig, Fred M., 1340 Eddy St., Chicago.. 17
Doss, J. I., Milton..... 16
Eaton, John B., 403 North Ave., Lincoln Park Station, Chicago..... 16
Ellingwood, Finley, 2209 Central St., Evanston, Chicago 17
Hamilton, C. H., Vermont..... 17
Harrison, F. O., Christopher..... 17
Horman, W. F. C., 1553 Madison St., Chicago. 16
Hulick, C. H., Shelbyville..... 17
Hulick, G. O., 202 Goloma Blg., East St. Louis. 17
Kampen, Harry L., Monmouth..... 16
Killene, H. F., 1730 N. 23rd, East St. Louis. 16
Kinnett, W. E., 403 Masonic Temple, Peoria.. 17
Kirkpatrick, R. B., 536 Woolner Bldg., Peoria. 16
Koller, Chas., 1847 Cleveland Ave., Chicago.. 17
Lambert, R. J., St. Charles..... 17
LeBoy Wm. L., 1509 S. Kedzie Ave., Chicago. 16
Lindburg, A. W., Hillsboro..... 16
Lowrance, H. S., L. B. 17, Chebanse..... 17
Markee, Henry, Blandinsville..... 17
Marrs, R. F., Scioto..... 17
Mathew, John B., Blue Mound..... 17
Novak, Anna F., 2402 S. Millard Ave., Chicago. 17
Palmer, E. L., Noble..... 16
Price, J. R., 6309 Wentworth St., Chicago.. 18
Reid, C. P., Hampshire..... 17
Richardson, Ethyl H., 835 Cedar St., Quincy... 16
Seymour, H. A., Hillsboro..... 16

Spindel, E. S., 303 Meyers Bldg., Springfield.. 18
Stokes, C. A., Edinburg..... 16
Stratford, Henry K., 236 N. Waller Ave., Austin Station, Chicago.....Exempt
Szwajkart Adam, 3535 Diversey Ave., Chicago. 16
Thornton, F. E., 2524 Kimball Ave., Chicago.. 17
Trowbridge, E. G., 42 Madison St., Chicago. 17
Trull, Jas. C., 228 Chicago St., Elgin..... 16
Watson, J. F., 2608 State St., Alton..... 16
Whitford, H. E., 42 Madison St., Chicago..Exempt
Wood, Charles S. 1522 Carroll Ave., Chicago.. 16
Woodward, Chas., 607 Deming Place, North Halstead Station, Chicago..... 17

DELINQUENTS.

Alderson, A. S., Thayer..... 13
Barnes, W. E., Mattoon..... 12
Billig, Geo. W., 4016 Lincoln Ave., Chicago.... 12
Bladgen, A. D. Sycamore..... 15
Boehm, Charles, 372 Central, Highland Park.. 13
Bowerman, H. E., Leaf River..... 10
Bushnell, C. H., 1124 Wilson Ave., Chicago. 14
Covert, Jennie M., Belvidere..... 10
Crawford, R. B., 7049 Lowe Ave., Englewood, Chicago 15
Cressman, R. G. L. B. 115, Oglesby..... 10
Davis, J. B., Pontiac..... 13
Dearlove, Mary A., 1121 Mas. Temple, Chiiago. 11
Farnum, E. J., 42 Madison St., Chicago..... 14
Flinn, E. H., 1514 S. Kedzie Ave., Chicago.... 14
Gammage, Arthur E., 6405 N. Clark, Chicago.. 11
Graves Grace A., 3922 Kildare Ave., Irving Park, Chicago..... 13
Graves, N. A., 2258 Cornelia St., Kinzie Station, Chicago..... 10
Griffith, B. A., Swan Creek..... 14
Grimes, R. J., Pleasant Mound..... 10
Harvey, Frank R., Winona..... 10
Harvey, W. R., Dana..... 14
Henderson, M. D., Pleasant Plains..... 12
Houston, Henry, 1657 W. Madison St., Chicago. 14
Howe Rose D., 32 N. State St., Chicago..... 14
Hutson, U., Christopher..... 14
Jentzsch, E., 3846 Elston Ave., Chicago..... 11
Johnson, N. L., 209 State St., Chicago..... 15
Jones, W. Clay, 1173 E. 53rd St., Chicago..... 15
Kochler, L. C., 1424 Milwaukee Ave., Chicago. 10
Koethe, Aaron C., 1658 W. Chicago, Chicago. 10
Lambert-Lowrey E. B., St. Charles..... 14
Larson, J. M., Sycamore..... 10
McCracken, C. B., Belvidere..... 14
McCurdy, C., Vermont..... 13
McDonald, E. V., 5604 Dorchester, Chicago.. 15
McLaren, Frank N., White Hall..... 13
Mankin, F. D., Kewaunee..... 10
Mercereau, C. W., 4954 Milwaukee, Chicago.. 15
Migrath, J. W., 916 Madison St., Chcago.... 14
Mountz, A. G., Chauncy..... 12
Nielson, Carl, 4125 Drexel Boulevard, Chcago.. 15
Oliver, C. H., 79 N. 48th St., Chicago..... 11
Power, Julia C., New Athens..... 11
Reading, A. H., 6444 Lexington Ave., Chicago. 11
Rounds, C. W., 1518 Carroll Ave., Chicago.... 12
Rust, John W., Willow Springs..... 13
Scharre, W. F., 957 W. 18th St., Chicago.... 12
Schroder, Bertha B., 2201 W. 18th St., Chicago. 14
Schussler, W. R., Orland..... 14
Shaw, J. L., Watseka..... 12
Snow, Lillian L., South Chillicothe..... 13
Sparrow, Hannah S., 9125 Eri Ave., Chicago... 12
Stedem, F. P., Sayhrook..... 14
Tallerday, Geo. C. Sr., Belvidere..... 14
Taylor, W. H., 4650 N. Kedzie Ave., Chicago.. 12
Twitchell, R. E., Belleville..... 11
Weaver, D. P., Avon..... 14
Wilkenloh, Margaret, 2023 N. California, Chicago. 12

INDIANA.

Ashabranner, J. H., New Albany..... 17
Baldwin, M. F., Marion..... 17
Baldridge, E. R., Rosedale..... 16
Barwick, S. O., Elkart..... 16
Best, Wm. P., 2218 E 10th St., Indianapolis.. 17
Billman, J. M., Sullivan..... 17
Bowers J. W., Shoaff Bldg, Ft. Wayne..... 16
Canfield, M. S., Frankfort..... 17
Carter, Emerson, Bringhurst..... 17
Carter, Henry, Bringhurst..... 17
Clifford, J. W., Worthington..... 17
Coffin, Orlando S., 1550 E. 10th, Indianapolis.. 17
Crandel, Thomas, Warren..... 17
Edson, C. C., Crawfordsville.....Exempt
Gengelbach E. E., Huntingburg..... 16
Gill, I. J., Dugger..... 16
Gregg, E. H., 219 W. Howard St., Muncie... 17
Hamilton, Curtis, Newberry..... 17
Hamilton, M. L., Newberry..... 17
Hammond, Mart, Mooreland..... 16
Harrod, Morse, 634 E Washington, Ft. Wayne. 17
Hauck, J. H., 1206 Lafayette, Terre Haute.. 17
Hauss, Q. R., Sellersburg..... 18
Holman, J. Earl, 3315 E. 10th St., Indianapolis. 17
Horne, B. S., c|o Victorian Hotel, Gary..... 16
Hosman, Fred L, 1325 E. 23rd St., Indianapolis. 17
Hudson, O. L., Princeton..... 17
Kannell, J. W., Ft. Wayne..... 17
Kidd, Walter J., Burlington..... 16
Lorenz, John W., 1007 W. Franklin, Evansville. 16
McCabe, J. E., Buck Creek..... 17
McCann, J. D. Monticello..... 17
McKee, C. E., Dublin..... 17
Nellans, A. J., Shelburn..... 16
Nifer, F. J., 231 S. Michigan, South Bend.... 17
Ogle, J. J., 1243 Hustis Ave., Ft. Wayne..Exempt
Porter, George C., Linton..... 17
Porter, McG., Elnora..... 17
Quincy, W. C., Lowell..... 16
Ratterree, I. C., 111 Terminal Arcade Bldg., Terre Haute..... 17
Reeder, J. C., Montezuma..... 17
Reasoner, W. S., Swayzee..... 16
Reiff, C. W., Idaville..... 17
Rhein, Alfred E., Rosedale..... 17
Ross, J. G., Portland..... 17
Seal, Frank E., Brookville..... 16
Smith, E. W., Terre Haute..... 16
Squier, E. A., Frankfort..... 16
Teague, A. E., 520 Newton Claypool Bldg., Indianapolis 16
Tindall, O. A., Shelbyville..... 17
Tindall, Paul R., Greensburg..... 17
Tindall, W. W., Shelbyville..... 17
Turner, T. S., Lebanon..... 17
Vance, U. G., Fowlerton..... 17
Vincent, A. W., Valparaiso.....Exempt
Vitou, Henry E., 739 S. Michigan, South Bend. 17
Wagoner, W. H., Peru..... 17
Wheat, W. W., R. R. 2, Rosedale..... 17

DELINQUENTS.

Bennett, S. M., R. R. 1, Sandford..... 12
Blosser, H. V., 309 W. Main, Ft. Wayne.... 13
Brown, C. N., Fairmount..... 12
Coffey, Bert, Straughn..... 14
Coffman, J. S., Muncie..... 10
Cook, A. J., Flora..... 15
Davis, G. D., Marion..... 15
Finlaw, Fred, Arlington..... 15
Fonner, G. M., 1102 E. Creighton, Ft. Wayne. 11
Gage, J. W., 520 Newton Claypool Bldg., Indianapolis 13
Gordon, Wm. S., Converse..... 12
Hauss, A. P., New Albany..... 13
Hawkins, Z. T., Swayzee..... 13
Hetsler, O. I., Elkhart..... 13
Hockett, C. P., Kouts..... 13
Jones, J. H., Jonesville..... 11
Joslin, DeElla B., Montezuma..... 12
Kincaid, S. F., Columbus..... 10
Kreager-Kaufman Anna G., Goshen..... 12
McWhinney, B., 40 W. Ohio, Indianapolis..... 12
Morehouse, F. L., Morocco..... 10
Nesbitt, O. B., Valparaiso..... 10
Newlin, W. H., New London..... 15
Shultz, J. J., Delphi..... 15
Smith, W. F., Huntington..... 15
Sugg, H. H., Mt. Vernon..... 13
Winter, Carl G., 14 W. Ohio St., Indianapolis. 12
Winter E. G., 14 W. Ohio St., Indianapolis.. 10

IOWA.

Brown, Wm. E., Cedar Rapids..... 16
Busby, Isaac M., Brooklyn.....Exempt
Dunlap, A. W., 404 Trachout Blg., Des Moines. 17
Eslick, L. E., Rockwell City..... 17
Gadd, E. E., 915 Fleming Bldg., Des Moines.. 17

Gibson, W. H. Y., Fleming Blg. Des Moines.. 17
Hammer, T. B., 401 Walnut St., Des Moines.. 16
Horner, J. B., Lamoni.... 16
Huckins, H. S., 303 Citizens' Nat Bk. Bldg., Des Moines.... 17
Maple, W. W., 910 Fleming Bldg., Des Moines. 17
Minkler, B. C., 422 Flynn Block, Des Moines.. 17
Parriott Chas. C., Essex.... 16
Peacock, A. L., Grimes.... 17
Price, P. F., Milo.... 17
Rice, U. A., 405 E. 17th St., Des Moines..... 16
Seamon, C. O., 1521 Pleasant St., Des Moines. 16
Severs, Geo. F., Centerville.... 17
Stine, Milo B., 1603 E. 9th St., Des Moines.. 17
Thompson, Chas. F., Morning Side, Sioux City. 17
Von Lackum, H. J., Dysart..... Exempt
White, J. H., 3324 University, Des Moines... 17
Wright, C. L., 570 Walnut St., Des Moines.. 16

DELINQUENTS.

Barnes, Theodore, Chariton.... 10
Box, J. C., Ottumwa.... 14
Crosten, Thomas, Lucas.... 13
Fulliam, E. B., Muscatine.... 12
McDonald, J. M., Creston.... 15
Miller, Eva, Danville.... 15
Moorman, C. T. Packwood.... 11
Prall, A. A., 413 Walnut, Des Moines.... 13
Schmaltz, Walter F., Mt. Ayr.... 12
Taylor, I. C., Milo.... 13
Von Lackum, H. J., Dysart.... 13

KANSAS.

Alexander, B. J., Hiawatha.... 16
Archer, J. A., Grenola.... 16
Artman, B. E., Cheney.... 18
Baird, Jay, Coffeyville.... 17
Baird, O. C., Chanute.... 17
Billingslea, L. W., Clement.... 17
Branson, C. P., Harper.... 17
Bronson, D. E., Olathe.... 16
Brook, A. C., Opolis.... 16
Burnaman, W. C., Washington.... 17
Cooley, John L., Bellaire.... 17
Dean, G. R., McPherson.... 16
DeMarr, L. H. Olivet.... 17
Earnest, W. M., Washington.... 17
Entz, J. C., Hope.... 16
Gress, P. C., Atchison.... 16
Hatfield, F. P., Olathe.... 17
Hays, H. L. 522 Minn. Ave., Kansas City... 16
Hoover, C. O., Overbrook.... 17
Howell, A. D., Bronson.... 17
Hunt, W. D., Emporia.... 17
Jaques, S. N., Edmond.... 16
Jones, P. L., Lenexa.... 17
Lathrop, P. L., Olathe.... 17
Lawrence, E. K., Pawnee Rock.... 16
Machette, G. H. McPherson.... 17
March, S. F., 1221 Garfield, Kansas City.. Exempt
Massey, R. E., 312 Lake St., Topeka.... 17
Meckfessel, F. G. H., Albert.... 16
Michener, R. E., Mulvane.... 16
Musick, I. D., 206 W. Central St., El Dorado.. 16
Nutter, E. R., Burr Oak.... 16
Pace, E. C., Osawatomie.... 17
Packer, E. B. 622 Market St., Osage City.... 17
Payne, O. C., Humboldt.... 16
Phillips, Myrtle, 650 Minn Ave., Kansas City. 16
Rhodes, R. O., 732 Kansas Ave., Topeka..... 17
Richmond, D. W., 508 E. 5th, Hutchinson... 17
Rinehart, J. H., Abilene.... 17
Ross, A. S., Sabetha.... 16
Sams, Clement E., Haven.... 16
Shaffer, Joseph, Simpson.... 16
Smith, G. H., 650 Minn. Ave., Kansas City.. 17
Steinhauser, Wm., Hamlin.... 16
Welch, C. I., Clyde.... 16
Wimmer, Henry, Atwood.... 16
Wolf, C. S., 610 Kansas Ave., Topeka..... 16
Woodward, J. J., R. R. 2, Olathe.... 17
Youngberg J. E., Ottawa.... 17
Youmans, J. F., Pratt.... 16

DELINQUENTS.

Allen, John, Latham.... 13
Blank, J. T., Elk City.... 12
Bondurant, Essie, 310 W. 6th, Topeka..... 11
Bromwell, Geo. W. E., 1611 Garfield, Kansas City.... 12
Faussett, Guy F., Harper.... 12
Gladman, W. R., Tonganoxie.... 14
Hare, William E., Lane.... 12
Hoover, E. M., 2d Ave. and Chestnut, Halstead. 11
Hurd, M. C. Benton.... 10
Isley, J. P., Vesper.... 10
Jones, C. H., Galena.... 11
Leighton, O. L., 504 Minn Ave., Kansas City.. 12
Locke, G. E., Holton.... 13
Mallett, Isaac F., 13 S. Bocke, Kansas City.. 14
Maxey, Joy, Hall Bldg., Kansas City.... 13
Miller, J. A., Marysville.... 14
Murphy, S. H., Yates Center.... 11
Rader, J. A., Caney.... 12
Rautert, Julius H., 1516 State St., Kansas City. 13
Riggs, S. M., Muskotah.... 14
Sanderson, I. E., R. 1, Monmouth.... 14
Scott, J. E., 2212 W. 12th, Kansas City..... 14
Scott, Mollie E. 2212 N. 12th, Kansas City... 11
Webster, C. S., White City.... 13
Wilding, F. K., 27th and Brown, Kansas City.. 14

KENTUCKY.

Acton, T. J., Eubanks.... 16
Evans, T. A. E., Farmers.... 17
Everly, G. L., Rockport.... 17
Farabaugh, J. A., Clinton.... 17
Fuller, G. T., Mayfield.... 17
Helmbold, August, 718 Columbia St. Newport.. 17
Huff, J. P., Plummers Landing.... 16
Johnson, F. L., Livia.... 17
Locke, Frank E., Box 205, Newport.... 17
McGinnis, G. W., Hoods.... 16
Meadows, M. W., Fullerton.... 17
Mitchell, J. C., 709 Stark Bldg., Louisville.. 17
Nichols, W. E., Fullerton.... 16
Peterson, H. D., Millersburg.... 17
Richardson, J. L., 1214 E. Winchester, Ashland. 17
Robbins, L. F., Salt Lick.... 16
Rudd, R. T., Fulton.... 17
Simpson, F. N., Milburn.... 16
Smiley, M. L., Catlettsburg.... 17
Strouse, Lee, 25 E. 4th St., Covington.... 17
Sutter, Homer A., 3d and Washington, Newport. 16

DELINQUENTS.

Alexander, Henry T., Fulton.... 12
Beck, C. K., 812 Starke Bldg., Louisville..... 12
Bowling, G. W., Wellington.... 11
Coffman, J. M., Owensboro.... 13
Coffman, T. W. 315 Allen St,, Owensboro.... 14
Crabtree, L. R., Akersville.... 12
Lester, W. H., Dublin.... 10
Messer, J. B., Freestone.... 12
Miller, J. W., Warnock.... 13
Shultz, J. H., Jeffersonville.... 14
Simpson, L., Lowes.... 12
Wise, W. P., Lee City.... 12

LOUISIANA.

Arndt, D. C., 1029 Camp St., New Orleans.... 17
Jones, F. P., Leesville.... 16

MAINE.

Reny, Henry, Biddeford.... .17

DELINQUENTS.

Fossett, Algernon 110 North St., Portland.... 15

MARYLAND.

Hammond, Chas. I., 435 S. Ellwood, Baltimore.. 17

DELINQUENTS.

Fisher, Geo. W., 1509 Linden St., Baltimore.. 14
Kenney, J. F., 1202 McCulloch St., Baltimore.. 14

MASSACHUSETTS.

Abbott, F. W., 72 Broadway, Taunton..... 17
Abbott, Sylvania A., 72 Broadway, Taunton.... 17

Avery, Geo. W., 178 Huntington Ave., Boston. 16
Barbrick, J. F., 210 Shawmut Ave., Boston.... 17
Becker, Ernest R., 106 Hudson St., Somerville. 16
Bennison, R. E., 232 Bay State Rd., Boston.. 16
Bolan, Harrie R., 36 Princeton St., East Boston. 16
Boucher, A. J., 36 W. Newton St., Boston... 16
Boynton, Roy J., 15 Union Ave., S. Farmington. 17
Bowland, L. R., 34 Bow St., Somerville..... 17
Brown, Dale, 359 Boylston St., Boston..... 16
Bridbridge, H. N., 179 Brighton Ave., Brighton. 16
Brooks, Wm. G., 359 Boylston St., Boston..... 16
Bruninghouse, C. E., New Pk. Bldg., Worcester. 16
Buck, C. E., 168 Huntington Ave., Boston.. 17
Byrne, W. R., 10 Heath St., Somerville..... 17
Card, H. S., 491 Mass Ave., Boston..... 17
Carter, Elmer W., 82 Main St., Haverhill.... 16
Chase, Augustus L., Randolph..... 17
Chirurg, Michael 532 Warren Chamber, Boston. 17
Clark, Wm. C., 7 Charter St., Boston..... 16
Cowan, Clyde R., 10 Kenmore St., East Boston. 16
Derby, Fred'k W., 168 Huntington, Boston... 18
Dickerman, C., Broadway and Main, Somerville. 17
Dinsmore, H. V., 178 Huntington Ave., Boston. 17
Donner, J. A., 498 High St., Holyoke..... 17
Fennessy, Wm. C., 52 Wenham, Jamaica Plain. 16
Flower, Alfred H., 101 Botolph St., Boston.. 17
Geddes, P. S. W., Winchendon..... 17
Ginsburg, Joel, 193 Columbia Road, Roxbury.. 17
Greene, Frank, 597 Albany St., Boston..... 17
Haines, Geo. A., 21 Carter St., Chelsea..... 16
Heath, W. R., 10 Heath St., Somervlle..... 17
Johnson, G. R., Templeton..... 18
Keck, C. E., Cummaquid .....Exempt
Langley, Mabel A., 483 Beacon St., Boston.... 17
Laslett, W. L. 673 Boylston St., Boston.... 17
MacDonald, Freeman W., 518 Commonwealth Ave., Boston..... 16
Mack, F. A., 258 Mass. Ave., Arlington..... 17
Nicholls, Melvin H., 80 W Foster St., Melrose. 16
Pattee, A. L., Falmouth..... 17
Perkins, Geo. E., 536 Commonwealth, Boston.. 17
Perrins, John 70 Huntington, Boston..... 17
Perrins, W. A., 418 Center, Jamaica Plains.... 17
Phillimore, Fred'k G., 329 Hanover, Boston.. 17
Pratt, Chas. A., 78 Blue Hill Ave., Mattapan.. 17
Proctor, Burton H., 15 Beacon St., Boston.... 17
Racine, Ernest B., 104 Main St. Everett..... 17
Sandwall, C., 536 Commonwealth Ave., Boston. 17
Scammon, E., 100 Boylston St., Boston..... 17
Sartwell, J. Oliver, 221 Essex St., Salem..... 16
Simpson, W. H., 143 Andover St., Lawrence.. 17
Smith, John Hall, 657 Boylston St. Boston.... 17
Smith, Jos. A., 476 Main St., Worcester..... 17
Sylvester, Ira E., 459 Broadway, Somerville.. 17
Turner, L. Curtis, 192 Dartmouth St., Boston.. 17
Wiswell, Thomas A., Falmouth..... 16
Witt, Stephen, North Dana..... 17

DELINQUENTS.

Denkinger, J. A., 14 Harris Ave., Jamaica Plains, Boston..... 13
Jones, M. Grant, 1 Polks Hill St., Dorchester.. 11
Leverone, Louise M., 346 North St. Boston.... 11

MEXICO.

DELINQUENTS.

Arnold, S. G., c.o Madera Company, Madera, Chihuahua 12
Benndorf, Theodore, Xicotencatl Tampico..... 13

MICHIGAN.

Baldwin, Z. L., Kalamazoo..... 17
Bell, V. L., 844 S. Division Ave., Grand Rapids. 17
Bennett, Mrs. Rorick, 318 Pingree Ave., Detroit. 17
Bliss, Webster, Deerfield..... 17
Bronson, E. E., Ganges..... 16
Bronson, J. J., Kingsley..... 17
Conley, L. C. M., 2500 Woodward Ave., Detroit. 17
Couch, W. J., 39 Lincoln Ave., Detroit..... 17
Crowell, F. B., Lawrence..... 17
Eaton, E. O., Paw Paw..... 17
Hawkey, J. W., Bloomingdale..... 16
Hulse, Warren L. 3425 Woodward, Detroit.... 17
Kling, H. A., Montague..... 17
Knepper, S. L., Conklin..... 17
McLachlin, Chas., Elwell..... 17
Marks, W. L., 705 S. Division, Grand Rapids.. 17
Mather, Enoch, 228 Gratiot Ave., Mt. Clemens.. 16
Murphy, Chas. H., Lansing..... 17
Robinson, A. L., Allegan..... 17
Russ, O. C., Lake Odessa..... 16
Sackett, C. S., Charlotte..... 16
Shafor, Harry, 2363 Woodward, Detroit..... 17
Thomas, H. S., Flint, Mich..... 17
Waddington, J. E. G., Scherer Bldg., Detroit.. 17

DELINQUENTS.

McLaughlin, Nelson, Lake Odessa..... 14

MINNESOTA.

Hambroer, Wm., Eden Valley..... 16
Hufnail, F. E., 620½ Nicollett, Minneapolis... 17
Thorson, E. O., Luverne..... 17

DELINQUENTS.

Townsend, W. R., 4527 Cambridge St. Duluth.. 12

MISSOURI.

Arnold, O. T., Cameron..... 17
Barry, J. R., Carterville..... 17
Billenkamp, Sophia, 4715 Tenn. St, St. Louis.. 17
Blaich, Julia E., 1202 Manchester, St. Louis.. 17
Blanchard, Lillian G., 2332 Whitmore, St. Louis. 17
Calloway, J. E., 1515 Bryant, Chillicothe..Exempt
Cave, John F., 220 W. 12th, Kansas City..... 17
Conley, G. J., 6101 Warnell Rd., Kansas City.. 17
Davidson, A. W., Poplar Bluff..... 17
Dawson, B. E., 2544 Wyandott St., Kansas City. 17
Dodson, John F., Kirksville..... 16
Doyle, Theodore, 901 E. 15th, Kansas City.... 16
Fleming, N. A., Lebanon..... 16
Fowler, L. W., Nixa..... 16
Gill, Joseph, 3636 Hebert St., St. Louis..... 17
Goad. W. H., Bernie..... 17
Hamlin, M. M., 5255 Page Ave., St Louis.... 16
Harmon, W. R., Springfield..... 16
Harper, B. L., 3016 Garfield Ave., Kansas City. 17
Harris, G. D., Jamesport..... 17
Harris, Mae S., 3528 Olive St., St. Louis..... 17
Harwell, J. Lee, Hendrickson..... 16
Heinzelman, A., 205 Jenkins Bldg., Kansas City. 16
Helbing, H. H., 1208 N. Kings Highway, St. Louis..... 17
Hurwitt, Frank, 2704 Park Ave., Kansas City.. 17
Immell, A. A., 2309 Lister Ave., Kansas City.. 17
Ingram, John L., 5015 Page Ave., St. Louis.. 16
James, W. J., Excelsior Springs..... 16
Jones, E. E. Lilbourn..... 16
Kittridge, Ida F., 3337 S. Jeff. Ave., St. Louis.. 17
Lancaster, K. R., 1608 E. 30th, Kansas City.. 17
Lazenby, B. F., Wentworth..... 17
Love, J. W., Nevada..... 17
McCubbin, S. M., 220 W. 12th St., Kansas City. 17
McElhinney, J. S., Unionville..... 17
McKinley, C. G., Jamesport..... 17
Martin, W. W., Kirksville..... 16
Miller, E. F., R. 3, Liberal..... 17
Musick, J. D., Calhoun..... 16
Nufer, F. M., 2326 Cass Ave., St. Louis..... 17
Phillips, Myrtle H., Hale Bldg., Kansas City.... 16
Planck, F. Marshall, 3611 Walnut, Kansas City. 17
Price, W. H., Carterville..... 17
Pruett, D. S., 6006 Va. Ave., St. Louis..... 17
Pruett, J. W., 6006 Va. Ave., St. Louis..... 17
Rabin, J. H., 9th and Minn., Kansas City..... 17
Riggs, C. H., Middletown..... 17
Sattler, Georgia B., 1468 Stewart, St. Louis.. 16
Smith, H. A. 5914 Minerva St., St. Louis.... 17
Smith, J. M. T., Poplar Bluff..... 16
Smith, T. H., 921 W. 44th, Kansas City..... 17
Snow. A. E., 3553 Laclede, St. Louis..... 16
Son, T. A., Bonne Terre..... 17
Stephens, A. F., 2300 University, St. Louis.... 17
Talbott, D. S., Appleton City..... 17
Tracewell, Geo. 6212 Easton Ave., St. Louis.. 17
Tucker, C. A., Springfield..... 16
Upshaw, Ira, 5029 Shaw Ave., St. Louis..... 17
Veninga, F. W., 3409 S. Jeff. St., St. Louis.. 16
Vorbech, M. A., 1315 S. Vandeventer St., St. Louis 16
Wagner, John F., Greenville..... 17
Waterhouse, E. R., 1011 Dillon St. St. Louis.. 17
Wiesner, B. J., 2116 Russell St., St. Louis.... 17

Westbrook, Geo, W., 5581 Easton, St. Louis... 17
Wilson, N. G., Greenville..... 16
Wood, Wm G., 3424 Morgan, St. Louis..... 16
Younkin, Edwin, Villa Ridge.....Exempt
Zenor, E. H. 2870 Belt Ave., St. Louis..... 17

DELINQUENTS.

Alexander, Date R., 1209 Grand, Kansas City.. 13
Aubuchon, W. E., Frankelay..... 14
Bates, S. A., Piedmont..... 14
Boone, Abner E., 3317 Howard, Kansas City.. 12
Brockman, H. H., Eldon..... 15
Bromwell, Geo. W. E., c|o Eclectic Medical University, Kansas City..... 15
Bruegel, Eliz. Smith 3507 Franklin, St Louis.. 15
Cook, Emmett F., 710½ Felix St., St. Joseph.. 14
Cornell, H. L., Hannibal, Mo..... 12
Custar, D. M., Durham..... 12
Dean, C. B., Belton..... 13
Elkins, C. F., Gamma..... 14
Evans, J. T., 222 E. Commercial St., Springfield. 15
Feller, C. E., Lohman..... 14
Fields, Asa E., c|o Eclectic Medical University, Kansas City..... 15
Fleet, J. B., New Franklin, Mo..... 10
Freeman, S. F., Boonville and Canal, Springfield. 15
Gilleland, J. L., Olean..... 12
Glover, T. L., Eugene..... 13
Granau, Geo. H., Flat River..... 15
Hardman, H. B., Forest City..... 11
Hill, E. C. Smithville..... 11
Hiner, B. C., Kansas City..... 13
Hunt, T. H., Union Star..... 11
Isley, M. D. L., Excelsior Springs..... 11
Jamison, A. J., Winona..... 15
Jones, C. H., Brumot..... 15
Longfield, F. J., Lathrop..... 10
Marsh, J. R. L., R. F. D. 6, Independence.... 14
Meredith, O. O., Breckenridge..... 11
Merwin, G. M. D.,, St. Louis Co., Overland.. 11
Myers, O. A., Coldwater..... 10
Nichols, Robert, Hume..... 13
Packwood, S. D., 2006 S. 10th St., St. Joseph.. 11
Parker, J. A., 1233 Grand Ave., Kansas City.. 10
Polk, D. T., Excelsior Springs..... 14
Rohback E. C., Flat River..... 14
Schaumleffel, H. G., Gifford..... 12
Seashultz, G. W., Joplin..... 14
Shirley, Geo. H., P. O. Box 4, Bagwell..... 12
Short, C. D., Appleton City..... 13
Stearns, W. A., Box 277, Savannah..... 15
Stewart, Chas. M., c|o Eclectic Medical University, Kansas City..... 15
Story, John C., 10th and Pa. Sts. St. Joseph.. 13
Sturdivan, Willard C., 1709 Grand, Kansas City. 12
Tremaine, Geo. W., 2647 Olive St., St. Louis.. 12
Upshaw, H. A., 5015 Shaw Ave., St. Louis.. 15
Upshaw, P. M., 6825 Manchester, St. Louis.. 11
Welch, John A., 302½ Broadway, Hannibal.... 14
Wilhite, G. O., 4358 Easton Ave., St. Louis... 13
Wolford, George B., Lamar..... 13

MONTANA.

DELINQUENTS.

Jones, Agnes, Bole..... 15
Jones, E. L., Livingston..... 14

NEBRASKA.

Andrus, F. M., 1234 O St., Lincoln..... 16
Angus, G. A., 105½ S. 16th, Omaha..... 17
Asa, O. C., Ong..... 16
Atha, J. F., Germantown..... 16
Bennett, Isaiah, Wilsonville..... 17
Bowman, D. J., Raymond..... 16
Buchanan, Rea, 1315 N St., Lincoln..... 16
Burke, W. A., Omaha..... 17
Campbell, J. N., Stamford..... 16
Carrriker, M. A., Nebraska City..... 16
Charlton, C. P., Bennett..... 16
Charlton, G. E., Ingleside..... 16
Conrey, A. D., Neligh..... 16
Cummins, H. B., Seward..... 16
Culver, E. J., Friend..... 18
DeOgny, P. A., Milford..... 16
Doher, T. L., Hubbell..... 16
Gill, J. W., Chambers..... 16
Guttery, W. D., Norfolk..... 16
Housel, C. L., Ansley..... 17
Howard, I. D., Harvard..... 16
Humphrey, H. H., Daykin..... 16
Johnson, H H., Winnebago..... 16
Kent, L. S., 609 S. 17th, Lincoln..... 16
Kidder, C. W., Holstein..... 17
Kurtz, Harriett, Lincoln..... 17
Latta, E. J., Kenesaw..... 16
Linquist, A. L., 4838 S. 24th, Omaha..... 17
Lutgen, Anson S., Wayne..... 16
Lutgen, O. A., Auburn..... 16
Marvel, G. H., Aurora..... 17
Mathews, A. L., Callaway..... 17
Methany Sam'l, 640 N. 16th, Lincoln..... 16
Metheney, H. B., Lincoln..... 17
Mills, J. B., Maywood..... 16
Nichols, Robert, Hume..... 16
Palmer, D. S., Holdredge..... 16
Pfeiffer, Ernest, Ruskin..... 16
Piersol, M. R., Cairo..... 17
Potts, Madge. Broken Bow..... 17
Ramey, W. N., 315 N. 14th, Lincoln..... 17
Rizk, J. J., Waverly..... 18
Rinehart, J. S., McCook..... 16
Robinson, Amy, Hastings..... 17
Rydberg, Chas. A., Litchfield..... 16
Stewart, S. J. Hastings..... 16
Stiles, H. H., Lincoln..... 18
Sturdevant, C. L., Atkinson..... 16
Swartwood, F. M., Lincoln..... 18
Wagner, G. H. Doniphan..... 16
Welch, Albert C., Weeping Water..... 16
Wilmeth, F. L., Richards Block, Lincoln..... 17
Wright, L. G., Ceresco..... 16
Wright, F. T., Ceresco..... 16

DELINQUENTS.

Baker, F. L., Hildreth..... 12
Bennett, J. L., Kearney..... 14
Bentley, R. L., 2116 O St., Lincoln..... 13
Bowman, J. E., Loop City..... 15
Carr, J. M., Fairmount..... 12
Case, J. D., Dorchester..... 11
Coleman, A. L., Ewing..... 14
Deffenbaugh, M. H., Grand Island..... 14
Dugan, W. F., L. B. 17, Ulysses..... 12
Dwiggins, Frank P., 1341 O St., Lincoln..... 13
Faught, A. M., Scotts Bluff..... 11
Grimes, R. S., 115 N. 11th, Lincoln..... 15
Hansen, O. T., Wausa..... 13
Hedlund, Ward W., 1301 Q St., Lincoln..... 15
Hilton, J. H., Table Rock..... 13
Hoschoner, Geo. D., Swanton..... 12
Irvin, Isaiah W., Auburn..... 14
Jester, Chas. W., Bethany..... 15
Johnson, W. T., Pawnee City..... 15
Keys, J. M., 1311 W. O. W. Bldg., Omaha.... 13
Latta, J. O., Clay Center..... 13
Lee, Vera Mae, 1525 O St. Lincoln..... 14
Lewis, E. J., Louisville..... 11
McFadden, Harry W., Chappell..... 13
Marvel, P. O., Giltner..... 14
Moore, C. M., Scotts Bluff..... 15
Morrow, Bert E., Bee..... 12
Morrow, J., Seward..... 11
Morrow, Milton, Seward..... 11
Myers, W. A., 1328 O St. Lincoln..... 15
Nystrum, O. J., 2101 Wirt St., Omaha..... 15
Protzman, Chas., Malcolm..... 14
Rickard, W. G., 141 S. 12th St., Lincoln..... 13
Root, B. A., York..... 13
Rush, Chas. H., 203 Richards Blk., Lincoln.... 12
Schrock, J. B. Scotts Bluff..... 13
Schultz, H. H., Sutton..... 15
Shike, W. E., Gering..... 12
Skinner, A. O., Denton..... 13
Sloan, Wm. T., Adams..... 13
Smith, Bert A., Lorton..... 14
Smith, H. C., Franklin..... 15
Spradling, R. H., 141 S. 12th St., Lincoln.... 14
Stannard J. T., Ulysses..... 11
Vallicott, O. J., Republican City..... 14
Vanderhoof, T. J., Rising City..... 13
Webb, J. Lewis, Beatrice..... 11
Wilson, M. L., Falls City..... 15
Wightman, H. W., 1019 S. 29th, Omaha..... 14

NEVADA.

Calsgie, Edw. C., 212 I. O. O. F. Bldg., Reno. 16
Martin, J. P., 129 Virginia St., Reno..... 16

DELINQUENTS.

Hascall, C. A., Fallon..... 12

NEW HAMPSHIRE.

Mahan-Bullock Lillian G., Manchester..... 16

NEW JERSEY.

Bachman, Wm., 247 Littleton Ave., Newark.. 16
Borden, D. P., 386 Elison Ave., Paterson.... 17
Cameron, Ella V., 239 Grove St., Jersey City. 17
Conover, J. V., Elmer..... 17
George, Philip R., 260 Park Ave., Paterson.. 17
Kitchen, G. H., Washington..... 16
Liva, Arcangelo, 328 Valley Brook, Lindhurst.. 17
Massinger Chas. J., Butler..... 17
Messinger, Samuel, 305 Woodbridge, Chrome.. 17
Mohrbacher, J. J., 22 77th Ave., Newark..... 17
Nemirow, Martin, 171 Columbia St., Passaic.. 17
Newman, Arthur L., 147 Ellison St., Paterson.. 17
Potter, G. E., 100 Halsey St., Newark..... 16
Reinle, J. H., Summit..... 17
Russell, D. L., 537 Summit Ave., Jersey City.. 17
Schwartz, W. J. A., 334 Seventh, Jersey City.. 17
Willis, Mary, 3 Astor Place, Jersey City..... 17

DELINQUENTS.

George, E. Rogers, 676 E. 24th St. Paterson.. 11
Mason, Hamilton, Wenonah..... 10
Shapiro, Nathan, 141 Palisade Ave., Hoboken.. 14

NEW MEXICO.

Manney, J. E., Box 154, Tucumcari..... 16
Yates, James, Corona..... 17

DELINQUENTS.

Leming, William, Tucumcari..... 13

NEW YORK.

Adlerman, Louis, 400 Rockaway, Brooklyn.... 17
Adlerman, T. D., 910 St. John's Pl., Brooklyn. 17
Alperin David, 556 Quincy St., Brooklyn.... 17
Anderson, M. E., 20 Orton Place, Buffalo.... 17
Andrews, B. C., Islip, L. I..... 17
Ash, R. H., Canastota..... 16
Babcock, S. C., 618 Delavan Ave., Buffalo... 17
Bankowsky, A. A., 409 E. 82d, New York.... 17
Bernstein, James, 4503 Thirteenth, Brooklyn.. 17
Best, C. S., Middleburg..... 17
Birkenhauer, John, 2163 Arthur, New York.. 17
Blackfan, H. S., Cambridge..... 17
Blaustein, Abraham, 331 E. 6th St., New York 17
Bloomer, A. W., 562 West End, New York.. 17
Boehm, Wm. H., 68 West 38th, New York.... 17
Boothe, J. P., Olean..... 16
Boskowitz, Geo W., 260 W. 86th, New York.. 17
Bowen, A. H., Westfield.....Exempt
Bower, S. W., 354 Franklin St., Buffalo.... 17
Brandenberg, Carrie, Hotel Albert, New York. 17
Brandenberg, C. W. 223 E. 14th, New York.. 17
Broga, A. E., 90 Madison St., Oneida..... 17
Brunor, Emile, 46 Edgecomb Ave., New York.. 17
Bulson, D. N., Rockville Center..... 17
Carey, D. E., 31 Grand Ave., Rochester..... 16
Carpenter, F. A., Waverly..... 17
Cherurg, Leon, 911 Tiffany St. New York.... 17
Cohen, Francis F., 980 Fox, Bronx, New York. 17
Cohen, L., 20 Montgomery St., New York.... 17
Cornwall, B. W., Williamsville..... 17
Cowles, M., 255 W. 57th St., New York..Exempt
Cripps, P. C., 162 Glenwood Ave. Buffalo.... 17
Crispell, C. A., 336 Mill St., Poughkeepsie.... 17
Dart, W. S., Hobart..... 17
Dawley, M. W., Richfield Springs..... 17
DeBeer, J. B., 439 Hancock St., Brooklyn..Exempt
Denny, Eli, Nassau..... 17
DiLeo, Emanuel, 239 Montrose Ave., Brooklyn. 16
Dincin, Herman, 707 Fourth Ave., Brooklyn.. 17
Downey, E. L., Middleport..... 17
Dressel, Frieda, 626 Decatur St., Brooklyn.... 17
Eggersman, F. A., 1372 Lex. Ave., New York.. 16
Elliott, F. E., 232 77th St., Brooklyn..... 17
Elmendorf W. T., 1298 Main St., Buffalo.... 17
Favorini, Attilio, 45 Macdougal St., New York. 17
Feld, H., 495 Marcy Ave., Brooklyn..... 17
Fifield, Leland H., Physicians' Bldg., Syracuse. 16
Fish, E. L., West Valley..... 17
Foster, F. V., Caledonia..... 16
Gamble, Ellsworth, Waverly..... 17
Gardner, L. B., Geneva..... 17
Genn, A., 130 Madison St., New York..... 17
Goldsmith, J., 2 W. 115th St., New York..... 17
Gombar, A. S., 51 St. Marks Place, New York. 17
Graf, C. B., 411 West End Ave., New York.. 17
Greenberg, S., 277 S. 4th St., Brooklyn..... 17
Gregg G. W., Canandaigua..... 17
Guillaume, C. T., Boonville..... 17
Hambleton, R. S., 633 Main St., Buffalo.... 16
Haggerty, J., 146 W. 64th St., New York.... 17
Hardy, Sam'l A., 154 E. 81st St., New York.. 17
Harris, H., 3675 Broadway, New York..... 17
Hawley, Ira H., Canandaigua..... 18
Hayes, F. M., 716 Main St., Buffalo..... 17
Hayes, H. A., 716 Main St., Buffalo..... 17
Heacock, J. H., 114 W. 64th St., New York.. 17
Heeve, W. L., 138 Hancock St., Brooklya.... 17
Herr, Harriett, 331 E. 83rd St., New York.... 17
Herr, Thos. J., 331 E. 83rd St., New York... 17
Hill, A. R., Interlaken..... 17
Hill, Fred, 388 Union St., Brooklyn..... 17
Hobbie, George S., 1298 Main St., Buffalo.... 17
Hull, C. J., Carthage..... 17
Jager, P. E., 229 Eldridge St., New York.... 17
Johnen, A., 875 Cauldwell Ave., New York.. 17
Jolly, W. F., Troupsburg..... 17
Jones, Eli G., 1404 Main St., Buffalo..... 16
King, A. E. M., 494 Willoughby St, Brooklyn.. 17
King, E. H., Saratoga Springs..... 17
Krimke Max, 1704 Lexington Ave., New York. 17
Lake, H. L., Fulton..... 17
Leewit, A., 1833 Lexington Ave., New York.. 17
Lewin, S. A., 5 Pinehurst Ave., New York.... 17
Louis, Wm. I., Richmond Hills, Brooklyn.... 17
Liebenstein, J., 122 Lexington Ave., New York. 17
Liebstein M., 180 Henry St., New York..... 17
Lloyd, Chas., 478 Fourth St., Brooklyn....Exempt
Lundbeck, C. J., 107 Bergen St., Brooklyn.... 17
MacDermott, M. B., 306 W. 51st, New York.. 17
Marlow, Pirus, 1558 Minford Pl., New York. 17
Meyer, Max, 169 E. 120th St., New York.... 17
Minkoff, M., 220 Henry St., New York..... 17
Moran, James, 262 W. 83rd St., New York.... 16
Moskowitz, Z., 296 E. 3rd St., New York.... 17
Muncey, W. A., Virgil..... 17
Olson, Geo. J., 128 E. 34th St., New York.... 17
Padgham, E. G., Geneva..... 17
Palmitier, Adelaide, 1556 N. Y. Ave. Brooklyn. 17
Pearlstein, M. B., 309 Hewes St., Brooklyn.. 17
Petrella, M., 181 Sands St., Brooklyn..... 17
Pierce, F. D., 633 Main, Buffalo..... 17
Pierce, V. Mott, 633 Main, Buffalo..... 17
Potts, M. H., Elmira..... 17
Price, Geo. C., Fairport..... 16
Reed, George L., Etna..... 17
Rivett, P. A. W., 57 George, Green Island.... 17
Rohde, O., 113 Reid Ave., Brooklyn..... 17
Rood, Geo. L., Aetna..... 17
Roshansky, H., 1627 Pitkin Ave., Brooklyn... 17
Rowe, Allen G., 110 N. Pearl St., Buffalo.... 17
Ruzika, Oscar 139 Irving Ave., Brooklyn..... 17
Salter, George W., 56 Somers St., Brooklyn.... 17
Saunders, H. C., 171 W. 12th St., New York.. 17
Scaisson, H., 4817 Plains Ave., New York.... 17
Schwartz, H. B., 124 Columbia St., New York. 17
Scimeca, Mariano, 2 Prince St., New York.... 17
Selligman, H. 740 Driggs Ave., Brooklyn.... 17
Shultz, S. R., 39 E. 7th, New York..... 17
Sibley, J. T., 730 E. 30th St., Brooklyn..... 17
Simon, Carlton, 114 E. 56th St., New York.. 17
Sinclair, F. D., Oswego..... 17
Sinclair, F. L., Oswego..... 17
Sinclair, F. P., Lysander..... 17
Sissa, Ugo, 343 E. 31st St., New York..... 17
Smith, E. Clayton, 135 Plymouth, Rochester... 17
Smith, F. C., Auburn..... 17
Smith, Lee H., 224 Elmwood Place, Buffalo... 17
Spencer, Ira D., Croghan..... 17
Steele, James, 96 Monitor St., Brooklyn..... 17
Steinberg H., 226 E. 10th St., New York.... 17

Stoesser, Henry, 171 Shaw Ave., Queens Course, New York..... 17
Strahl, M., 164 S. 4th St., Brooklyn..... 17
Sturm, M., 237 W. 74th St., New York..... 17
Terpenning, J. H., Fulton..... 17
Terwilliger, Fred, Spencer..... 17
Thompson, G. R., Luzerne..... 17
Thompson, Geo. W., 142 E. 30th, New York.. 17
Toms, R. A., Kenmore..... 17
Turkel, Bertha, 101 E. 7th St., New York.... 17
Tyrell, C. A., 570 W. 150th, New York..... 17
Von Unruh, V., 521 W. 185th, New York..... 17
Waite, H. N., 252 W. 29th, New York..... 17
Wakefield, C. C., Ogdensburg..... 17
Watson, J. H., 175 Norwood Ave., Buffalo.... 17
Wellman, W. D., Jamestown..... 17
Wescott, J. H., 50 W. Main St., Norwich.... 17
Whitford, E. P. Bridgewater..... 17
Whitford, H. P., Bridgewater..... 17
Wolfe, Adam, 968 Forest Ave., Brooklyn.... 17
Wright, F. H., Northville..... 17

DELINQUENTS.

Abramowitz, B., 236 Fifth St., New York..... 14
Abramson, Max, 686 President St., Brooklyn... 13
Blackfan Kenneth S., Cambridge..... 13
Bradstreet, S. W., 507 North St., Rochester.... 11
Brancato, V., New York..... 13
Caliva, F. J., New York..... 13
Cummings, C., 560 Auburn Ave., Buffalo..... 12
Ensign, D. E., Courtland..... 14
Eptem-Shaffer, Stella, 1421 Crotona, New York. 13
Gissler, E. F. 32 Cedar St., Brooklyn..... 15
Griel, Cecile, 558 W. 164th St., New York..... 14
House, Chas. W., Locke..... 10
Johnson, Arthur, 875 Cauldwell Ave., New York. 15
MacLachlan, Wm. E., 345 W. 19th, New York. 14
Pitkin, F. A., 44 Richlawn Ave., Buffalo..... 15
Short, J., 28 Ripley St., Buffalo..... 15
Warner L. H., Brooklyn..... 12

OHIO.

Adams, F. X., 728 S. Main, Akron..... 16
Ambrose, W. H., New Petersburg..... 16
Amidon, Chas. S., Livingston Bldg., Cincinnati. 16
Aurand, G. C., Weston..... 17
Ballmer, E. A., Columbus Grove..... 16
Bame, S. R., Alvada..... 17
Barker, Jos. B., 511 Harrison St., Piqua..... 17
Barrett, R. R., 394 Bowman St., Mansfield..... 17
Basinger, A. P., Pleasant Plain..... 17
Bayless, Chas. O., 408 Schwind Bldg., Dayton.. 17
Beaman, C. W., 286 W. McMicken, Cincinnati. 17
Bechtell, E. E., 1436 Wayne Ave., Dayton..... 16
Beck, Colen, Clyde..... 16
Behymer, Harry W., Mt. Washington..... 16
Bennett, Herman, New Lexington..... 17
Berry, J. T., 1605 Baltimore, Cincinnati..... 16
Bixel, P. D., Pandora..... 17
Blain, Harry G., Chicago Junction..... 16
Bloom, J. H., Youngstown..... 17
Bloyer, W. E., Buckland..... 17
Bowles, Thomas, Harrison..... 17
Brinkerhoff, E., Bristolville..... 16
Brodnac, J. T., Portsmouth..... 16
Brothers, C. E., R. F. D. 21, Akron..... 16
Brubaker, M. M., Covington..... 17
Buck, B. B., Waterville..... 16
Burnett. J. H., Fostoria..... 17
Campbell, Chas. R., Newtown, Ohio..... 17
Campbell, R. O., College Corner..... 17
Carey, W. H., Canby Bldg., Bellefontaine..... 17
Carey, W. W., Cuyahoga Falls..... 18
Chamberlain, H. H. Canton..... 17
Cheney, W. G., New Boston..... 16
Cole, W. S., 1584 Neil Ave., Columbus..... 17
Cooper, J. E., Springfield..... 16
Conrad, J. F., Magnetic Springs..... 17
Decatur, P. E., Washington C. H..... 16
DeCrow, R. W., Sciotoville..... 18
Deem, C. M., 378 W. 4th St. Columbus.... 17
Dewees, N. M., Cambridge..... 17
Dozer, E. I., Crooksville..... 17
Duke, H. C., Richwood..... 17
Duke, W. B., Richwood..... 17
Dwire, H. E., Nevada..... 16
Eastman, Louise, 4329 Beech Hill Ave., North-Side, Cincinnati..... 17
Ekermeyer, M. S., New Bremen..... 17
Estell, J. D., 219 W. 7th, Cincinnati..... 17
Evans, J. B. K., McGuffy..... 17
Evans, J. C., 2948 Colerain Ave., Cincinnati.. 17
Fahl, W. A., Mt. Blanchard..... 16
Faler, A. L., Buckland..... 17
Feaster, H. P., Delaware..... 17
Felter, H. W., Chase and Pitts Streets, North-side, Cincinnati..... 17
Floor, J. M., Petersburg..... 17
Franklin, L. T., Chillicothe..... 17
Fritz, John H., West Alexandria..... 17
Gemmill, W. T., L. B. 208, Forest..... 17
Goode, S. G., Sidney..... 17
Graham, W. H., South Charleston..... 16
Green, A. F., 8315 Cedar Ave., Cleveland.. 17
Hagemann, Anna W., Un. Tr. Bldg., Cincinnati. 17
Hagen, J. S., 1506 Harrison Ave., Cincinnati. 17
Hanna, Myron, Scott..... 17
Harbert, J. P., Bellefontaine..... 17
Harding, C. L., Bellevue..... 17
Harley, G. W., Hollandsburg..... 17
Harrington, Kent H., 9 E. Exchange, Akron.. 17
Hartley, C. A., Troy..... 17
Hauver, Mary E., Jackson Center..... 17
Heflebower, R. C., Lancaster Bldg., Cincinnati. 16
Herring, A. N., DeGraff..... 17
Hinklin, W. H., 127 W. Church St., Marion.. 16
Hobby, A. W., Sidney..... 17
Hollingsworth, T. D., Akron S. and L. Bldg., Akron 17
Holtzmuller, C. W., Farmersville..... 17
Homsher, G. W., L. B. 20, Camden..... 17
Hubbard, R. B., Sandusky..... 17
Huffman, A. G., Elmwood Place..... 17
Hull, J. Scudder, Hicksville..... 17
Hull, Norman, Blandinsburg..... 16
Hurst, Geo. A., Dorset..... 17
Hurst, J. L., Dorset..... 17
Hutchens, V. E., R. F. D. E, Wilmington.... 17
Iden, O. L., Chillicothe..... 17
Igenfritz, E. M., 269 W. Federal, Youngstown. 17
Jenkins, J. H., Rushmore..... 17
Jones, B. K., Kenton..... 17
Kattenhorn, Fred, 1814 Vine St., Cincinnati.. 16
Kemper, P. A., Germantown..... 17
Kerns, George E., R. F. D., West Liberty..... 17
Kimmell, O. P., New Madison..... 17
King A. E., Mt. Cory..... 17
Kirkland, H. B., Berea..... 17
Kitsmiller, C. R., Fresno..... 17
Kyser, A. M., McComb..... 16
Lawrence, R. E., 1107 Germantown, Dayton.. 17
Lear, T. W., Coshocton..... 16
Leeds, F. C., Winchester..... 17
Lehr, W. F., Arlington..... 17
Leighner, G. O., 6123 E. Main St., Madison-ville, Cincinnati..... 17
Lloyd, C. G., Court and Plum, Cincinnati..... 17
Lloyd, J. U., Court and Plum, Cincinnati.... 17
Lloyd, N. A., Court and Plum, Cincinnati.... 17
McCally, J. R., 745 Brown St., Dayton..... 16
McHenry, L. L., 3817 Harrison Ave., Cheviot.. 16
McKitrick, A. S., Kenton..... 16
Martin, George W., Portsmouth..... 17
Martin, J., Bucyrus..... 17
Mattox, S. W., Marion..... 17
Mercer, B. W., Tiffin..... 17
Mercer, E. H., 503 N. Main St., Bowling Green 17
Mock, W. K., 2806 Lorain, Cleveland..... 17
Morgan, H. H., Manchester..... 16
Mott, J. V., Amelia..... 17
Mundy, Carll, 3027 Fulton St., Toledo..... 17
Mundy, W. N., Forest..... 17
Musgrave, A. C., Ohio City..... 17
Neldon, C. M., Coshocton..... 17
Nellans, Byron H., 500 W. 7th St., Cincinnati. 17
Nesbitt, A. H., 505 W. 3rd St., Dayton.... 17
Nunnamaker, A. J., 21 E. 7th St., Cincinnati. 18
O'Hara, P. H., Lewisburg..... 17
Park, L. E., 337 W. 9th Ave., Columbus..... 17
Postle, W. E., Shepard..... 17
Powers, H. W., Amherst..... 17
Powers, Ralph E., Amherst..... 17
Rank, A. T., Cavett..... 17

Ream, C. E., Bowersville..... 17
Rechel Conrad, 727 Hopkins St., Cincinnati... 17
Reefy, Karl P., Elyria..... 17
Reynolds, B. R., Greenwich..... 17
Ruble, W. K., Martinsville..... 16
Russell, C. W., 74 W. High St., Springfield.. 16
Russell, L. E., Groton Bldg., Cincinnati..... 17
Schiller, Silas, 624 Market St., Youngstown.... 17
Schirack, J. A., St. Henry..... 16
Schneerer, F. W., Norwalk..... 17
Schooley, E. W., 235 17th, Toledo..... 16
Schwartz, Jacob, 127 W. 12th St., Cincinnati.. 17
Schwarz, O. W., 2008 Linn St., Cincinnati.... 16
Scott, Edwin, 2203 LaGrange St., Toledo..... 17
Scudder, John K., 630 W. 6th, Cincinnati..... 17
Seitz, Wm., 1808 11th St., Portsmouth..... 16
Sherman, Jas. G., 1103 Mt. Vernon, Columbus. 17
Sherman, S. M., 1103 Mt. Vernon, Columbus. 17
Shewman, E. B., Livingston Bldg., Cincinnati. 17
Shrader, I. M., Bowling Green..... 16
Sibert, S. H., R. R. 5, Wapakoneta..... 16
Siddall, J. D., Kalida..... 17
Sidener ,T. T., 5 Cincinnati Bldg., Lima..... 17
Sifritt, N., Larue..... 16
Simmons, R. W., Carthage..... 18
Smith, Chas. G., 250 Dorchester, Cincinnati.. 17
Smith, E. Florence, 24 N. 5th St., Newark.... 17
Smith, Geo. W., 214 W 3rd, Canton..... 16
Smith, J. DeF., 2108 E. 3rd, Dayton..... 17
Snell, A. F., Jr., 1054 Wesley Ave Cinti.... 18
Spencer, J. R., 952 W. 8th, Cincinnati..... 16
Sponseller, F. M., Wellington..... 17
Stemler, A. S., Good Hope..... 17
Stout, C. A., Norfolk Bldg., Cincinnati..... 16
Sturm, E. A., Lockland..... 17
Sutter, J. J., Bluffton..... 17
Swanson, John, 528 Walnut St., Cincinnati.... 16
Swartzwelder, A. L., 2171 E. 100th, Cleveland. 17
Swepston, G. M., McArthur..... 17
Swett, G. D., Albany..... 16
Swisher, Wm. H., 4th and Euclid, Dayton.... 17
Tarrant, Jennie S., 1553 Chase St., Cincinnati.. 17
Taylor, A. P., 68 W. 5th Ave., Columbus.... 17
Taylor, Ralph B., 1275 N. High St., Columbus. 16
Thiel, John N., 1618 Dorman St., Cincinnati.. 18
Thomas, R. L., 792 E. McMillan, Cincinnati.. 17
Tracy, Lewis W. K., Harrison..... 17
Trisler, L. W., 73 Huffman Ave., Dayton..... 17
Urbain, V. P., 621 Rentschler Bldg., Hamilton. 16
Van Horn, Allison M., Findlay..... 18
Van Nette, Wesley, Clyde..... 17
Viets, Van D., 314 W. Federal, Youngstown.. 17
Weikal, W. F., Middletown..... 17
Welling, D. H., Worthington..... 17
Welty, S. F., Hicksville..... 17
Werner, W. L., Leipsic..... 17
Whitacre, G. D., 1814 Lagonda, Springfield.. 17
White, Wm. A., Canton..... 16
Whitney, Geo. F., 1661 E. 115th St., N. E., Cleveland 17
Wiedman, H. F., Shadyside..... 17
Williams, Fred O., 196 E. Long St., Columbus. 17
Wilmuth, C. S., 103 Park Ave., E., Mansfield. 16
Witten, G. W., Lucasville..... 16
Wolf, E. A., Dennison..... 17
Wottring, L. C., 3534 Montgomery, Cincinnati. 16
Wright, E. M., Warsaw..... 17
Wuist, J. F., 5th and Garfield, Dayton..... 17
Wurtsbaugh, F. M., Richwood..... 17
Wurtsbaugh, T. F., Richwood..... 17
Zeumer, E. P., 3636 Evanston Ave, Cincinnati. 16
Zolman, E. E., Ohio City..... 16

DELINQUENTS.

Black, George E., Rossburg..... 15
Clotts, Daniel, 505 Col. Sav. & Trust Bldg., Columbus 11
Crismore, W. E., Fremont..... 15
Curl, G. R., Edgarton..... 14
Davis, Charles, New Holland..... 14
France, S. M., Midvale..... 10
Frederick, H. B., 1035 Washington, Sandusky.. 13
Jones, U. O., Rushsylvania..... 13
Karr, M. C., 2507 Beekman St., Cincinnati.. 13
Leeds, Fred'k C., Winchester..... 11
McCray, W. F., New Burlington..... 15
Martin, H. P., Hudson and Church, Newark... 13
Morrow, M. M., Donnelsville..... 11
Naus, L. W., Upper Sandusky..... 14
Neiderkorn, J. S. Versailles..... 15
Otto, Chas. J., 294 Arcade Bldg., Dayton.... 14
Payne, J. L., 954 W. 8th St., Cincinnati.... 14
Peterson, M. L., 3412 Walworth, Cincinnati... 14
Prince, W. J., Piqua..... 10
Ralston, Oscar, Marion..... 11
Rathbun, A. J., Bergfill..... 11
Severns, B. F., Alger..... 13
Shriner, W. W., 1558 Chase Ave., Cincinnati.. 15
Skeels, E. T., 1082 S. Main St., Akron..... 14
Southward, J. D., Carey..... 15
Stadler, C. F., 403 Opera Blk, Lima..... 14
Tidball, Chas. W., 2274 Harris Ave., Norwood.. 14
Todd, Harry D., Akron..... 13
Underwood, Emma, 620 S. Center, Springfield.. 13
Van Buren, R. C., Carey..... 14
Wilson, Cloyce, 432 Clark Street, Cincinnati.... 15
Wilson, V. P., 1612 Western Ave., Cincinnati.. 15

OKLAHOMA.

Akers, W. D., Tyrone..... 16
Anderson, R. R., Buffalo..... 17
Athey, J. V., Bartlesville..... 16
Beckham, G. M., Walters..... 17
Clark, J. L., Hugo..... 16
Clark, W. A., Durant..... 16
Cole, L. L., Lawton..... 17
Collins, A. H., Tulsa..... 16
Craig, H. F., Charleston..... 17
Daniels, Wm. A., Featherstone..... 17
Davis, Frank P., Enid..... 17
Fowler, S. E., Buffalo..... 18
Gray, M., Mountain View..... 17
Hall, W. B. Boise City..... 17
Hampton, K. P., Soper..... 16
Kelly, William, Carlton..... 17
Kimball, M. C., Tulsa..... 17
King, Wm. M., 207½ W. Main, Oklahoma City. 17
Leachman, Jas. S., Sharon..... 16
Leachman, T. C., Richmond..... 16
Lee, I. A., Erick..... 17
McCarty, D. E., Talihina..... 16
McDaniel, J. S., Hazel..... 16
Mellette, U. N., Holdenville..... 16
Meredith, James S., Duke..... 17
Nobell, O., Beaver..... 17
Peck, F. S., 207½ W. Main, Oklahoma City.. 17
Pettitt, G. S., Tulsa..... 17
Pryor, Jas. A., Avard..... 17
Ray, W. T., Gould..... 17
Sanders, D. C., Boswell..... 16
Sawyer, R. E., Durant..... 17
Shadid, Michael, Carter..... 16
Sharp, E. G., Guthrie..... 17
Sharp, T. L., Orlando..... 17
Son, James F., Ardmore..... 16
Steakley, W. W., Hugo..... 17
Truax, Geo. H., Stonewall..... 16
Wade, R. X., Coyle..... 16
Watts, B., Okemah..... 17
Watts, D., Laverne..... 16
Zink, H. F., Tulsa..... 17

DELINQUENTS.

Amos, C. L., May..... 14
Arnold, Walter E., Bliss..... 10
Bartow, A. C., Okfuskee..... 13
Beckham, H. F., Roosevelt..... 11
Boone, J. W. C., Durant..... 13
Burns, G. W., Conoway..... 10
Cox, F. M., Bison..... 11
Gleason, W. L., Fairview..... 14
Jackson, George F., Mountain Park..... 12
Jenner, A. C., Bokchito..... 11
Johnson, D. Garnett, Ardmore..... 15
Jones, H. O., Busch..... 11
Love, T. A., Ripley..... 14
Myers, S. N., Jennings..... 13
Nasboro, John P., Enid..... 14
Price, C. G., Berwyn..... 15
Riddle, A. S., Chickasha..... 10
Russell, R. L., Bailey..... 11
Shelton, C. N., Agra..... 13

Taylor, J. H., Perkins..... 15
Tucker, Dixie B., Sulphur..... 11
Tucker, William M., Sulphur..... 11
Waltermire, T. C., Wetumka..... 14
Wells, J. T., Unker..... 12

OREGON.

Coe, Urling C., Bend..... 17
Henderson, H. L., Astoria..... 17
McKenney, E. D., Union..... 17

DELINQUENTS.

Bean-Davis, S. A., 305½ N. Commercial, Salem. 15
Shearer, J. E., Cloverdale..... 12

PENNSYLVANIA.

Armstrong, Wm. A., 1808 N. Park Ave., Philadelphia .....Exempt
Bangert, J. R., Shippenville..... 17
Barclay, A. O., Somerset..... 16
Bealor, E. E., Shamokin..... 17
Blough, E. R., 1812 Brownsville Rd., Carrick.. 17
Borland, J. R., Franklin.....Exempt
Bunnell, W. O., 105 Coal Ex., Wilkes-Barre.. 16
Campbell, W. R., East Smithfield..... 16
Dech, Clarence E., 105 4th St., South Bethlehem. 17
Dech, S. H., Easton..... 18
Deck, Elmer J., 5 W. 14th, Easton..... 17
Edwards, D. H., Washington..... 16
Ewing, C. M., 1500 N. 6th, Harrisburg....Exempt
Flannery, C. F., 1118 S. Mill, New Castle.... 17
Fritts, W. H., 535 N. 11th, Philadelphia.... 17
Glenn, C. G., State College..... 17
Glenn, Nannie M., State College..... 17
Glenn, T. O., Bradford..... 17
Glenn, W. S., State College..... 17
Hatch, Harry, Pleasantville..... 17
Hazen, Carl M., 111 W. Main St., Titusville.. 17
Hazen, J. H., Titusville..... 17
Hazen, M. V., 211 Locust, Harrisburg..... 17
Helsel, W. L., Scalp Level..... 17
Hemminger, C. J., Rockwood..... 17
Holmes, R. E., 18th and State, Harrisburg.... 17
Hunt, James E., Saladasburg..... 17
Johnstonbaugh, C. L., 221 W. Broad, Bethlehem 17
Jones, Byron C., 1306 S. Broad, Philadelphia.. 16
Keffer, W. O., Frugality..... 17
Keiper, J. D., 601 Bedford St., Johnstown.... 17
Livingston, Frank J., Salix..... 17
Livingston, W. W., Dunlo..... 17
Lupher, J. M., Pleasantville..... 17
McCormick, S. S., Hublersburg..... 17
McFarland, L. R., R. D. Northeast, Erie.... 16
Meek, R. H., Avis..... 17
Miller, A. D., Mt. Pleasant..... 17
Miller, H. H., 245 Ohio St., Johnstown..... 17
Ritter, J. W., Jersey Shore..... 17
Rouse, Frances S., 910 High St., Williamsport.. 17
Rouse, W. J., Opera House Blk., Williamsport. 17
Saylor, C. T., Rockwood..... 17
Shaulis, E. F., Indiana..... 17
Shivery, G. B., Woodland..... 17
Shultz, M. B., Johnstown..... 17
Taylor, W. A., Broadtop..... 17
Uphouse, A. M., Hooversville..... 16
Wenzel, J. W., Meyersdale..... 17

DELINQUENTS.

Bardwell, J. L., Ridgeway..... 13
Bittner, C. R., Hooversville..... 12
Bowman, J. T., Somerset..... 14
Crawford, L. F., 1055 Logan, Tyrone..... 12
Gurley, L. M., Johnstown..... 14
Heacock, R. E., 401 Market St., Bethlehem... 15
Kaiser, A. J., Frugality..... 12
Kinsman, H. T., East Smithfield..... 14
Kingsley, H. O., Burlington..... 15
Kirk, C. H., Homer City..... 12
Kirk, M. A., Bellefonte..... 12
Lafferty, J. T., Utica..... 14
Livingston, L. S., 362 Bedford St., Johnstown.. 12
Louther, S. J. H., Somerset..... 15
Meikrantz, Percy R., 22 Pine St., Hazelton... 14
Morgan, D. Edward, Gen'l Delivery, Pittsburgh. 11
Powelson, D. T., Johnstown..... 14
Reese, A. C., Corry..... 15
Schrock, W. H. H. Stoyestown..... 12
Throme, M. W., Mt. Joy..... 14

RHODE ISLAND.

DELINQUENTS.

Powe, D. L., 137 Elmwood Ave., Providence.. 15

SOUTH DAKOTA.

Allison, B. S., Lake Preston..... 17
Bailey, N. L., Lake Preston..... 17
Collins, W. P., Howard..... 17
Daniels, W. E., Madison..... 17
Goldman, E. W., Madison..... 17
Greenfield, J. C., Avon..... 17
Hyde, A. W., Brookings..... 17
Kellogg, H. E., Madison..... 17
Kingsley, W. I., Davis..... 17
Krieger, H. A., Crooks..... 17
Morehouse, E. M., Yankton..... 17
Raber, D. D., Buffalo..... 17
Schneerer, F. B., Deadwood..... 17
Seapy, John, Geddes..... 17
Suddard, G. W., Hayti..... 17
Willoughby, F. C., Winifred..... 17

DELINQUENTS.

Graves, H. S., Hurley..... 11

TENNESSEE.

Cummings, J. O., 1st Nat. Bk. Bldg., Nashville. 17
Eaton, R. L., Jackson Bldg., Nashville..... 16
Fuston, A. E., Shelbyville..... 17
Godsmark, O. C., 632½ Market, Chattanooga. 16
Halbert, W. H., R. F. D. 2, Lebanon.....Exempt
Harvill, J. Paul, 203 Hitchcock Blg., Nashville. 17
Harvill, M. M., 304 Hitchcock Bldg., Nashville. 17
Hite, J. Harvill, 921 Monroe St., Nashville.. 17
King, H. T., Humboldt..... 17
McKeel, F. P., 316½ Cedar St., Nashville.... 16
MacWheeler, J., Bloomington Springs..... 18
Rogers, Ivadel, Lawrenceburg..... 17
Simmons, Benj. L., Granville..... 17

DELINQUENTS.

Allison, J. I., Bloomington Springs..... 14
Daniels, A. L., Lobelville..... 12
Dykes, L. M., Johnson City..... 13
Haines, Clarence C., Lafayette..... 12
Holmes, Wm. N., 1st Nat. Bk. Bldg. Nashville. 14
McCoy, T. S., Shelbyville..... 12
Moncrief, D. D., Shelbyville..... 14
Thoman, J. A., Pleasant Point..... 13
Williams, R. O., Humboldt..... 15
Wilson, N. D., Manchester..... 14

TEXAS.

Armstrong, A. F., Speegleville..... 17
Bates, E. M., Box 33, Aubrey..... 17
Bates, L. V., 506½ Austin Ave, Waco..... 16
Bellamy, C. H., Wilson Bldg., Dallas..... 16
Bettencourt, F. M., Mart..... 17
Blankmeyer, H. H., Aransas Pass..... 17
Bridge, W. E., Bonham..... 16
Brownson, S. J., 108 W. Landa St., Ft. Worth. 16
Candlin, George H., Presidio..... 17
Carter, C. S., Savoy..... 16
Castellaw, C. F., 500½ Main St., Ft. Worth.. 17
Chandler, T. F., Gainesville..... 17
Cheatham, C. T., Burnett..... 17
Cobb, David P., Blanket..... 17
Cooper, M. A., Childress..... 17
Coulter, R. F., Weatherford..... 18
Cutler, J. E., Crosby..... 16
Daniel, M. E., Honey Grove..... 17
DeWitt, J. A., Levita..... 17
Donoho, S. D., Sherman..... 17
Downs, L. S., Peerless Bldg., Waco..... 17
Drummond, Isabella, R. 8, San Antonio..... 17

Ely, J. J., Jacksonville..... 17
Fowler, W. R., Pottsville..... 16
French, B. J., 1201 N. 9th, Waco..... 17
Gates, H. W., Waco..... 17
Gates, Rosa B., Waco..... 17
Hardy, N. T., Winchester..... 16
Hearn, W. O., Detroit..... 16
Helbing, A., Barnhart..... 16
Henry, M. W., Waelder.....Exempt
Holmes, D. W., Bellevue..... 18
Huckabay, W. L., Eden..... 17
Hudson, H. H., McGregor..... 17
Jones, J. M., 614 Texas Bldg., Dallas..... 16
Kunz, E. C., McGregor..... 17
Lamar, I. H., Texhoma..... 16
Leamon, N. C., Thornton..... 17
Lindley, R. H., Mineral Wells..... 17
McCuistion, C. H., Valley View..... 17
Millasich, V., City Nat. Bk. Bldg., Galveston.. 17
Mitchell, O. T., Renner..... 16
Morey, Mary B., Smiley..... 17
Morgan, T. M., Childress..... 17
Morrow, Mrs. S. F., Blue Ridge..... 16
Morrow, W. A., Tulia..... 16
Owens, J. F., Plain View..... 17
Schultz, Carl, 605½ 8th St., Wichita Falls.... 17
Seagraves, S. L., Era..... 17
Stagner, G. H., Waco, Texas..... 17
Tyson, Jason, Santa Ana..... 17
Walker, E. L., Gladewater..... 17
Walker, W. H., Killeen..... 16
Watkins, J. M., Luling..... 17
Watson, C. W., Sweet Water..... 16
White, G. N., Sierra Blanca..... 17
Williams, G. M., Merkel..... 17
Wimer, W. W., R. D. 9, Honey Grove..... 17
Witt, J. A., Levita..... 16

DELINQUENTS.

Adams, Kate, Sutherland Springs..... 12
Ament, W. C., Levitia..... 13
Arnold, S. G., El Paso..... 14
Beakley B. B., Sterling City..... 11
Beakley, J. F., Hylton..... 11
Bradbrook, Henry, Wadsworth..... 11
Braswell, R. O., Ft. Worth..... 11
Copeland, W. M., Loraine..... 13
Copeland, Mrs. W. M., Loraine..... 13
Cowan, E. H., Crowell..... 10
Dodge, S. T., Corpus Christi..... 14
Eastham, J. G. Pritchett..... 13
Fox, J. E. Houston..... 12
Ghormley, J. N., Garmon..... 13
Graham, J. D., Eden..... 10
Grace, J. F., Archer City..... 11
Harrison, Edith, 103 W. Houston St., Sherman. 12
Harrison, Fred, Hagerman..... 12
Hayes, T. M., Santa Ana..... 13
Heard, E. F., Goree..... 12
Helbing, G., Laconde and Central, Ft. Worth.. 15
Helbing, Hugh V., Ft. Worth..... 14
Henderson, A. J., Dundee Bldg., Ft. Worth.. 11
Hess, D. L., Mereta..... 13
Hook, Chas. O., Ft. Worth..... 15
Howard, J. M., Bagwell..... 15
Hudson, C. L., Waco..... 14
Hughes, N. A., 2004 Bagby St., Houston..... 11
James, D. E., Hebron..... 15
Johnson, G. W., 18 E. Houston, San Antonio.. 12
Jones, J. W., Stockdale..... 15
Keely, T. C., Stratford..... 13
Kirk, Thos., Jr., Portland..... 14
Lanius, J. A., Bonham..... 15
Lowery, M. W., Gatesville..... 14
Mitchell, P. H., R. F. D. 2, Crisp..... 15
Moore, J. W., Dialville..... 14
Moore, L. E., Maydelle..... 14
Morrow, W. C., Trenton..... 12
Owens, J. F., Plainview..... 11
Remy, W. O. B., Wilmer..... 14
Reynolds, J. W., Marysville..... 14
Salter, J. M., Scotland..... 12
Standlee, T. H., Edgewood..... 14
Starbuck, F. A., Lott..... 14
Taylor, Geo. A., Box A, Beattie..... 12
Taylor, W. M., Goree..... 11
Thayer, C. B., 805 E. Broadway, Gainesville.. 13
Tyson, John, Cross Plains..... 13
White, J. N., Texarkana..... 12
Whitney, G. V., Houston..... 13
Wieland Wilhelmina A., Balmorhea..... 14
Willett, H. L., Newton..... 12

UTAH.

Chandler, C. M., Salt Lake City, 921 Walker Bank Building..... 17
Olsen, Chas. L., Murray..... 17

VERMONT.

Godfrey, F. H., Chelsea..... 17
Templeton, P. L., Montpelier..... 17

DELINQUENTS.

Waite, H. N., Johnson..... 15

WASHINGTON.

Cosford, J. W., 1716 Monroe St., Spokane.... 16
Getzlaff, Carl P., College Place..... 16

DELINQUENTS.

Crain, J. B., Pasco..... 14

WEST VIRGINIA.

Backus, C. B., Carbondale..... 17
Backus, S. G., South Charleston..... 18
Beaumont, F. P., New Cumberland..... 16
Bush, Allen, 353 High St., Morgantown..... 16
Drinkwater, W. C., Gormania..... 17
Monroe, J. A., 2713 Eoff St., Wheeling..... 16
Slayden, Thomas, Williamson..... 17
Waldron, M. H., Naugatuck..... 19
Werner, Harry R., Thomas..... 17

DELINQUENTS.

Bush, S. Warren, 220½ Seventh, Parkersburg.. 11
Hartwig, W. B., Benwood..... 12
Haught, F. T., Morgantown..... 13
Miller, G. R., Fairview..... 11
Miller, T. H., Fairmont..... 11
Vance, F. W., Mannington..... 11
Woodford, E. L., Belington..... 12
Yost, D. L. L., Fairmont..... 15
Yost, H. S., Fairmont..... 13

WISCONSIN.

Blay, H. R., Rewey..... 16
Brewer, J. B., Jefferson..... 17
Duclos, A. A., Kilbourn..... 17
Hill, G. R., Kendall..... 17
Jurden, William E., Eau Claire..... 17
Kraft, F. A., 695 Astor, Milwaukee..... 16
Lowe, J. A., R. F. D. 3, Pleasant Prairie.... 17
Pechumen, W. F., Beloit..... 16
Rodecker, R. C., Holcombe..... 17
Seldon, W. B., Thorpe..... 16

DELINQUENTS.

Cole, C. E., Tower Ave. and Belknap, Superior. 12
Haney, F. C., Watertown..... 13
Hawley, F. M., Minocqua..... 13
Quade, J. B., Wausau..... 14
Rodecker, C. W., Holcomb..... 12
Thompson, I. F., Reedsburg..... 13
Young, J. R., Walworth..... 13

WYOMING.

Brooks, Isaac W., Pine Bluff..... 18
Dean, T. A., Casper..... 17
Elliott, M. S., Lander..... 17
Newland, I. S., Kemmerer..... 17
Wyman, W. A., 212½ 16th, Cheyenne..... 16

DELINQUENTS.

Smith, Jay, Glen Rock..... 14

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THE NATIONAL.

The members of the National Eclectic Medical Association never evidenced a greater willingness to work than at the present time. Having taken up the work as your president, I have asked the several members in the various States to perform certain tasks, and with only one exception the answer has been favorable. "I will do anything I can and will undertake anything you think I can do." This is the spirit evidenced to-day, and if that spirit continues we shall have one of the best and greatest meetings at Nashville in June the Association has ever had.

Though California by resolution withdrew from the National last year, yet the California spirit of to-day is to wake up and be with us as of old. Many of its members are paying their National dues and we trust that when the State Society meets again its action of last year will be rescinded. Georgia, judging from letters received from her foremost Eclectics, will be represented at the next National meeting.

Nebraska, Kansas, Missouri, Oklahoma and Texas are doing excellent work and promise many new members when these State societies meet in their annual session. Florida is reorganizing their State Society. Pennsylvania and New York have some fine workers, and these States show an added interest.

We are depending upon the State officers to care for their respective States, and we feel that most of them will give a good account of their trusts. As a National officer, I shall only be too glad to co-operate with them in any way I can, and I am sure the other National officers will do likewise. The National Association needs you and you need us. In other words, let us work in unison. W. E. DANIELS.

WAKE UP!

There has never been a time in its history when the opportunities were so great for Eclecticism as it is to-day. Animal therapy has proven to be a practical failure and the medical world is still seeking for specifics. Dissention has arisen within the ranks of the American Medical Association and they are using all means to maintain their solid footing, which appears to be in danger of slipping from them.

Eclectics should realize that never before has such an opportune time presented itself to us. We should organize, present our claims to the public, and thus become benefactors to the world. Selfishness should not be our motive, for we know that there is no system of therapeutics known to the healing art superior to that of Eclecticism.

We complain, and often justly, that being a minority school and few in numbers, that we do not receive from our legislators that treatment to which we are entitled. How are they going to accord to us justice unless we present to them our claims? Generally speaking, men are inclined to be fair and just, but when but one side is presented to them, they act in accordance to their enlightenment. We as a school are at fault if we fail to present our claims.

Many of our legislatures will meet the coming winter. Medical legislation of some description will be enacted; therefore, now is the time to organize for action. Send to our National secretary, Dr. Wm. P. Best, and ask for literature to read and to be sent to members-elect and results will be attained.

W. E. DANIELS.

LABORATORY VS. CLINICAL THERAPEUTICS.

The *Journal of the American Medical Association* for August 12, page 490, contains an interesting article, entitled "The Action of Various 'Female' Remedies on the Excised Uterus of the Guinea Pig." Being what we call in this day of advanced medicine, an "internist," but in older parlance a "family physician," my attention was attracted by the title.

The article to me was of interest, especially so when one considers the studious efforts of the laboratory men to discredit clinical or empiric medicine. These efforts have resulted in therapeutic nihilism and in the profession ceasing to think for itself, but to rely almost entirely upon the manufacturing pharmacist and detail man for all his therapeutic measures.

The young physician upon graduation is pitiably helpless when thrown upon his own resources for therapeutic means and measures. Were this assertion not true, the manufacturing pharmacist would not find it profitable to retain the detail man to proclaim to the profession the value of his various mixtures and compounds.

In enumerating the results upon a strip of the excised uterus of the guinea pig, the authors enumerate as "active drugs," aletris, pulsatilla,

Jamaica dogwood, valerian, lady's slipper. Those possessing weak action, dioscorea, senecio and scutellaria, whilst caulophyllum was very active.

The inactive drugs were viburnum prunifolium, viburnum opulus, mitchella, castanea, false unicorn, passiflora, cnicus benedictus, etc.

The conclusion of the authors is what interests me principally. They say, "Not only are the drugs in this list unimportant, as they have been styled; they are practically worthless. Their use is harmful as well as futile, since it tends to perpetuate therapeutic fallacies."

If the drugs enumerated by the authors, especially blue cohosh, is active physiologically, why should it be discarded any more than any other active drug? The therapeutic world is full of fallacies. We are witnessing some of them now in the advocacy of certain serums for "infantile paralysis." Their use being advocated purely upon empiric reasoning, not physiological reasoning, not even upon clinical experience.

The danger is the medical profession is overstepping itself and bringing the profession into disrepute and compelling the laity to resort to "patent" and "proprietary" medicines, which the authors so seriously lament.

Some of the drugs experimented with I have never used. Others classed as inert by them I have used for more than thirty years, but not for the conditions enumerated by the authors. I have used black haw in menorrhagia and threatened abortion with as absolute confidence as I prescribe a dose of morphine.

Am I called upon to discard what I know to be a therapeutical fact, learned clinically, because it has been found that it has no influence upon a strip of guinea pig's uterus when removed from the body and deprived of all of its anatomical relations, both circulatory and nervous?

Is not a well attested clinical fact, repeated year after year by many observers as true and valuable as any laboratory experiments, such as those enumerated? There is not a remedy known to the profession but what fails in its remedial effects at times.

Does Flexner's serum always prove curative in cerebro-spinal meningitis? Does urotropin always prove curative in the same disease, or infantile paralysis?

Do the vaccines and serums advocated for any condition, such as diphtheria, scarlatina, typhoid, pneumonia, and various infections always cure? Let our ultra-scientific friends answer? A good answer appears in a June issue of the journal just quoted. As they do not, then why not discard them entirely. They possess the power to influence the patient for harm as well as for good as clinical experiences abundantly prove and are very uncertain in their remedial action.

It is not necessary that a remedy possess a poisonous action in order to possess a curative one. Most foods do not possess a poisonous action unless deteriorated and spoiled by the effects of age; yet they build up the body. The same is true with many drugs. The truth is, clinical observations can

not be divorced from the laboratory; neither are laboratory experiments the court of final resort so far as therapeutics are concerned.

The medical profession still continues to resort to many remedies pronounced inert by our experimental pharmacologists; still continues to consult the detail men; still continues to change front with every new fad offered, and flounder in the sea of therapeutic uncertainty. Yet after all the clinicians constitute the jury upon all therapeutic questions and will continue to be so. MUNDY.

SCIENTIFIC THERAPEUTICS.

Since writing the above my attention was attracted to an editorial in *The Therapeutic Gazette* for August 15, 1916, entitled "The Status of Vaccine Treatment." The author calls attention to the uncertainty of serums, vaccines, antitoxins, etc. The first paragraph is well worth repeating: "If optimism in regard to therapeutic procedure did not maintain a high place in the minds of those men who devote themselves to the practice of medicine it would be unfortunate for the human race."

I am almost persuaded to simply reproduce the entire editorial, but must content myself by reproducing only portions of it. "All too frequently the undue optimism of some professional colleague or the wrongful interpretation of results fills the physician with courage, with the end result, however, that disappointment must be faced."

"When diphtheria antitoxin first came before us there were some who hailed it as a remedy which would prevent death in every case, and so we found, as careful thought would have indicated in the first instance, that for the success of antitoxin therapy it is essential that it shall be used *before* the *disease* has been in existence long enough to produce definite lesions in vital parts."

We have in a former issue called attention to the danger attending the undue faith placed upon antitoxin by health officers and boards of health. The laity have become almost persuaded that it is a *sure cure,* no matter when exhibited, hence the disappointment when it fails, as it frequently does in malignant epidemics or cases no matter how early it is given. "Again, the introduction of salvarsan led some enthusiasts to the belief that at last a panacea had been obtained which would speedily eradicate the dread disease syphilis, and, once more, the promulgation of the theory of the opsonins and the introduction of vaccine therapy seemed to open up a wide field of therapeutic possibility. We now know, to a great extent, the limitations of salvarsan, and we are learning, day by day, that vaccine therapy, like every other method of treatment, is limited to certain types of cases, and that under certain circumstances its use not only *does no good* but *actual harm.*"

"Dever points out that the vaccine therapy can not be expected to do much in the severe acute infections, since beneficial effects from the use of

vaccines are obtained through the production of active immunity, and as active immunity is developed relatively slow, it is difficult to understand how their employment will be of advantage to the patient who is suffering from an acute infectious disease, even though sensitized vaccines are employed."

The writer then quotes from Hektoen, whose article I have called to the attention of our readers in the September QUARTERLY. Hektoen concludes "that the general results so far obtained from the routine use of commercial vaccines, polyvalent and mixed, have no value as evidences for or against the curative usefulness of vaccine treatment."

The authors point out "that in subacute, chronic or localized infections the results *appear* to indicate that *specific* vaccines properly and skillfully used have value because they increase the production of specific antibodies and also *probably* because they stimulate leucocytic and other activity."

"Dever believes that experience in the treatment of typhoid fever and pneumonia does not justify the use of vaccines in these diseases." Hektoen is not at all convinced that their employment in typhoid fever and their intravenous injection is advantageous. He calls attention to the fact "that a critical fall of temperature in typhoid fever can be induced by the injection of other vaccines and several foreign substances, as, for example, various protein substances." Hektoen believes that vaccine therapy has a relatively limited field of usefulness, subacute, chronic and localized infection.

The writer of the editorial calls attention to the fact that Miller and Lusk obtained the same results in typhoid fever from the injection of albumose as with typhoid vaccine. They treated arthritis by the injection of typhoid vaccine, even gonorrheal arthritis with benefit. One author quoted, treated cases of epididymitis, posterior urethritis and chronic gonorrhea by the injection of non-specific sera and makes the assertion that normal horse serum can entirely replace antigonococcic serum, believing that the change produced by such injections is in the nature of anaphylaxis and has no bearing upon the peculiar type of infection. From all this we conclude that the specificity of the various vaccines and serums are far from being a proven scientific fact; that we yet possess the best system of therapeutics, one which has stood the test of time and is steadily growing in favor, even with the dominant school.

It would appear from the above studies that vaccine therapy is no longer based on true scientific principles, that it is no longer specific, but that it has been relegated from its realm of specificity to the plane of empiricism, which seems, after all, to be the arbiter of therapeutic facts.

MUNDY.

SALICYLIC ACID.

Dr. Leonard Keene Hirshberg, A.B., M.A., M.D. (Johns Hopkins University), the versatile and voluminous writer in the newspapers on

"Secrets of Health and Happiness," proclaims in the Cincinnati Commercial Tribune, Tuesday, August 8, 1916, "Salicylic Acid the Newest and Safest Healer of Wounds." The learned doctor and his associates have been asleep for forty years, as it has been used as an antiseptic lotion to my positive knowledge for this length of time. I have used it in wounds of every description, incised, lacerated, penetrating and even in amputations as a dressing. I have used it both as a dry and a moist dressing.

Not only have I used it for this length of time, but my preceptor has been using it since 1873 as a clean and "safe healer of wounds." Prof. J. M. Scudder recommended it in his teachings in 1881 as being superior to carbolic acid, which was then the popular antiseptic, in every way.

The real reason that it now commends itself to our friends is, it has finally filtered to them from Europe, as our country to their minds produces nothing that is worth while, scientific or cultured. Personally, I have unbounded faith in America and American medicine. Our friends could learn many things from their medical confreres, if they so desired. I have no patience with the efforts to Germanize or Anglicize our educational institutions. American civilization, culture and methods are different from that of the old world and we trust will remain so.

The use of salicylic acid as an antiseptic is but another illustration of the fact, "that there is nothing new under the sun," and also of the fact, that "we need not go far from home to learn something new." Notwithstanding the introduction of numerous and varied dressings for wounds, I have in bad cases, instinctively returned to my old and often tried friend, salicylic acid. It has never failed me. It also serves as another illustration of the fact that we as a school had better remain true and not run after false gods, our truths will yet prevail. M.

MEDICAL LAWS.

An item in the *Journal of the American Medical Association* informs us that Maryland has by legislative enactment given the Board of Medical Examiners the right to recognize the certificates of the so-called "National Board of Medical Examiners." Thus the first wedge has been driven. Other states controlled by a board of one sect, or where it is in absolute power, will soon follow suit and thus the desired end will be attained. We have heard the expression that one with money and influence could succeed in getting anything passed by a legislature. We begin to believe it. The average legislator simply follows the mandates of the party boss. He possesses neither initiative nor will power or independence of action. It is all "party expedience."

The truthfulness of this assertion is proven by the medical laws. No sooner is the physician regulated by statutory enactment as to his qualifications and preparation than exceptions are being made for the various drugless methods and all forms of practitioners. The physician's requirements are pushed higher and higher, and the other fellows allowed to come into the fold without these requirements. Verily, this is a strange world. In my own professional career, I have seen the requirements raised from nothing to two years premedical and four years in a medical college and one year interneship. How we do move! Then when we doctors think we have things fixed to suit us, a legislature lowers the bars to the outsiders. It seems almost farcical. For a quarter of a century we have contended that the state after it has regulated, inspected and dictated to the college what it shall and shall not do, ought recognize the diploma of the school without any further examination by an examining board. We have been moving too fast, and, I fear, have now overstepped the mark. We have too many medical laws, too many examining boards, too many commissions. Every idealist or theorist besieges the legislative halls and behold, a commission is formed to attempt to carry into effect his theory. Ex-President Taft, not long since said, "This is a government of laws and not of men." Unfortunately, this is true. We are told what we must do and, in the attempt to obey the mandate, we are in danger of fracturing another law. We read a short time ago that, in the past ten years, the forty-eight States of the Union passed 62,730 completely new laws. Whilst Congress was not quite so voluminous, 75 per cent. of these were unnecessary, tangling and confusing. It is said this is a government of "multiplicity of laws." The 1913 session of the Ohio legislature enacted 1,060 new laws. Its successor was not very far behind in enactments, and the courts and attorney-generals since 1913 have been kept busy over-time in interpretations and rulings on the laws, in nullifying or limiting them and in suggestions of glaring defects from carelessness in enactment or in enrolling. The legislatures have become so imbued with the idea that they must enact laws that it might not be inconsistent if they would adopt the suggestion of former Judge Okey and meet for the sole purpose of repeal instead of enactment. It has always been my view that if I am competent to practice medicine in Ohio, I am also competent to practice in California or Massachusetts, but I do not believe that a self-constituted, self-appointed, self-perpetuated board, without legal status is the competent judge. Should the government assume the authority to take this matter in their hands, which, however, they have relegated to the states, well and good; but no state has a legal right to delegate to a board appointed and sustained as this proposed board is, the rights and privileges of its citizens. The matter can best be adjusted by the legal representative boards of the several states. I am bitterly opposed to these self-con-

stituted and appointed boards and commissions. They are dangerous to the citizenship and undemocratic. M.

THE WINE OF CARDUI SUIT.

The Chattanooga people have won their suit against the American Medical Association. True, the award was insignificant, but the costs to both sides must be enormous; in fact, would be staggering to a private individual. The death of one of the plaintiffs annulled the personal damage suit, which was of the greater interest to the writer.

In the efforts for reform in medicine we sympathize with the Journal, as all Eclectics are true reformers and do not need any "Propaganda for Reform," but do need one for loyalty to our cause. But, when a man's personal character and moral motives are assailed by the editor of the Journal, it is time to call a halt. The Journal has been too prone to criticize ruthlessly the motives of other journals and editors, even to questioning their moral attitude. We have always maintained that one had enough to do to keep their own dooryard clean, and charity should impel us to be cautious in assailing a man's reputation. I doubt if the Journal would be so free in its criticisms of others if it did not think itself strongly entrenched by reason of its invested funds; yet, "might is not always right," and it is a coward who ruthlessly assails another's personal character by reason of his size, strength and prestige. It has always been a query with me, why others have calmly endured the abuse of this Journal. Why state boards, invested with legal authority, have supinely bowed to its dictates, demands and innuendoes. The same holds true of large invested interests, they meekly submit to the harsh criticisms cast upon them. Criticisms can be borne, but aspersions upon one's moral, social and business character is unbearable, uncharitable and needless.

It is peculiar to note the different interpretations placed upon the verdict. It is like reading the judgments passed upon a President's message. Of course, the Journal thinks it has won a victory for medicine. The American Druggist believes otherwise. Another journal believes that the verdict would have been different had the attorneys for the defense handled the case properly, whilst most of the journals look upon the verdict as unsatisfactory and inconclusive. This is my own viewpoint, and we doubt if the policy of the Journal will be changed in the least. . . . Personally, I do not take this propaganda for reform with very serious concern.

It is a well known fact that the great majority of physicians pay little heed to it, but go on in their own sweet way prescribing what they wish, and the detail man and manufacturing pharmacist still flourish.

The attacks upon the personal character and motives of an individual is quite another matter and displays a bullying spirit, which is

far from commendable. The Journal is so strong numerically and financially that it thinks itself immune from molestation. This condition and spirit is dangerous to a community, whether possessed by a journal, trust, or foundation. It is immaterial where, or how possessed, when improperly used it is dangerous. M.

THE QUARTERLY.

We desire to call our reader's attention to page 12, of the advertisements in the September QUARTERLY. It is clipped from the Kentucky Medical Journal. A recent issue of a state medical journal makes the statement that the advertisements pay for the publishing of their state journal, why can not our QUARTERLY be made so? It can if it receives the support of its readers.

A concerted effort is being made by the various state jourals to have every member give preference to their advertisers. Can we not do the same? If we could but receive the active support and co-operation of our members throughout the United States, our efforts to increase our advertising pages would meet with success.

We note the fact that there exists a co-operative Medical Advertising Bureau, at 535 N. Dearborn Street, Chicago. I presume there is nothing significant about the fact that this is also the address of the American Medical Association. There can certainly be no sinister motive in its existence, and that many of the same advertisements appear in the various state journals, sufficient to make them practically self-supporting. Is it not another instance of the power of strength and influence?

Is there any reason for the bulletins appearing simultaneously in the various state journals?

We desire to call the attention of our readers to these facts and ask them to patronize as far as possible only those who patronize us.

Some of the large concerns of the country are not above soliciting us, yet will not return the compliment. Let us work in unison for a fair deal and we will be the gainer thereby. M.

NOTES AND NEWS.

Arkansas.

Mrs. E. H. Stevenson, the wife of Dr. E. H. Stevenson, ex-president of the National Association, died at their home in Fort Smith, September 26th.

California.

Dr. S. A. Goyette has removed to Idria, San Benito County.

R. O. Hoffman has removed from 209 to 211 Granger Block, San Diego.

Dr. H. Ford Scudder has removed from 1621 West Pico Street, Los Angeles, to Inglewood.

Dr. H. W. Crook has removed to 323 First National Bank Building, Long Beach.

W. S. Gibson has removed from 1954 East First Street to 315 South Broadway, Los Angeles.

Dr. Leon Patrick has located at 105 West Sixth Street, Los Angeles.

The August meeting of the Los Angeles Eclectic Medical Society was held in the office of Dr. Welbourn, August 1. There was a good meeting. At the September meeting, held September 5, at the same place, Dr. Oran Newton reported a paper, entitled "Potassium."

Dr. James Beard has moved from 2802 South Grand Avenue, Los Angeles, to 708 East Colorado Street, Pasadena.

Georgia.

A bill has been introduced in the Georgia legislature which requires two years of a college course as a preliminary requirement for admission to any medical school in the State. The bill also provides that there shall be no appeal from the decision of the Board of Medical Examiners as regards the revocation of a license to practice medicine.

The last clause is a dangerous thing to any physician.—Ed.)

Illinois.

New rules governing the examination for "practitioners other than licensed physicians" go into effect September 1. The new rules for these "other practitioners" require a high school training and four full years of technical work for full credit on the point of education preparation. There are at present about 1,800 "other practitioners" licensed in Illinois.

Dr. Alvin G. Berger has located at 3000 Lincoln Ave., Chicago.

Dr. H. M. Presler, of Cullum, has moved to Anamoose, N. D.

Indiana.

Dr. Herman Morgan, secretary of the Indianapolis Board of Health, on September 5, told the superintendent of the Indianapolis schools that the typhoid vaccination recommendation of the health board to the school board should be regarded as an official order of the health board. The order requires that every pupil and teacher in the schools must show a certificate of vaccination from a reputable physician before they will be permitted to enter school.

The office of the Indianapolis City Board of Health was the scene of unusual activity, September 9, as a result of the board's placing in effect its order requiring all children to be vaccinated against typhoid fever before they will be permitted to enter school. Six hundred and sixty-five cases have been reported this year, of which number 539 cases have been reported

since August 1. One hundred and five cases were reported from September 1 to September 8.

Iowa.

Dr. George F. Severs, Centerville, was recently elected vice-president of the State Board of Health.

Kansas.

Dr. J. D. Musick has removed from Rosalia to 206 W. Central Ave., El Dorado.

Dr. Theodore Clark has removed from Kansas City, Mo., to Malvern.

Kentucky.

Dr. Otto P. Hodge has moved from Keeve to Versailles.

Massachusetts.

Dr. Frederick W. Derby has removed to 168 Huntington Ave., Boston.

Michigan.

Physicians and surgeons at the annual convention of the American Medical Association, which opened at Detroit, June 12, discussed informally a proposal to make Detroit and Ann Arbor the united center for a medical school and clinical hospital for university graduates and undergraduates. The proposed institution, it is said, is being planned along lines which eventually might make it one of the most important in the world. Several noted medical men pointed out that hundreds of students of the University of Michigan and thousands of students from other colleges and universities in the West are now taking post-graduate work in Eastern institutions. It is understood that the proposed medical school would become part of the University of Michigan system, but that the city of Detroit might co-operate with the university and the State of Michigan in making the plan a reality. One reason given for building the school in Detroit was that the city would furnish "metropolitan advantages for clinical material." The cost of the institution would be $2,000,000 or more, it was thought.

Dr. J. F. Conner has removed from Ohio to Kalamazoo, care of Baldwin's Sanitarium.

Missouri.

Dr. J. E. Calloway has returned from Hillsdale, Ore., to 1515 Bryan St., Chillicothe. The doctor is one of the old men in the profession, having graduated from the Eclectic Medical Institute in 1856.

Nebraska.

Dr. Percy Charlton has taken his brother's office and practice at Palmyra, made vacant by Dr. W. A. Charlton's death.

Dr. Ossie Wilmeth has located at Ft. Morgan, Col.

Dr. Culver has located at Henderson.

Dr. H. B. Cummings, Seward, has been reappointed a member of the State Board of Health At a recent meeting for the reorganization of the

Board of Secretaries of the State Board of Health at Lincoln, July 2, he was elected vice-president of the board.

Dr. Wren Morrow has located at Louisville; Dr. Jesse L. Paine, at Oconto, H. E. While, at Swanton, and C. R. Spradling, at Lincoln.

Nebraska Eclectics seem to have a number of men on the border connected with the medical corps, Drs. F. M. Swartwood, Hall, Spearman and Cameron are among those mentioned.

A conjoint meeting of the Nebraska and Iowa State Eclectic medical societies was held at Omaha, Neb., June 24 and 25. A good and enthusiastic meeting is reported. The officers of the Nebraska Society elected are: President, F. M. Andrus; vice-president, J. N. Campbell; secretary, F. M. Swartwood; treasurer, E. J. Latta.

The annual commencement of the Lincoln Medical College was held in the college church at Bethany, May 22, 1916. The address to the class was delivered by C. B. Williams, dean of the Agricultural School at Curtis, Neb. His subject was "Medicine as Related to the World's Progress." Dr. F. L. Wilmeth had two sons and Dr. Methany, a son, in the graduating class.

New Jersey.

The attorney-general of New Jersey has recalled to its senses the State Board of Health by ruling that it can not legally bar from the State healthy children from New York.

At the annual meeting of the State Board of Medical Examiners in Newark, July 15, the following officers were re-elected: President, Dr. William Perry Watson, Jersey City; secretary, Dr. Alexander MacAlister, Camden, and treasurer, Dr. F. Wilbur Cornwell, Plainfield.

New York.

Dr. D. Wolfson has located at 830 E. 170th St., Bronx, New York.

Dr. V. von Unruh has removed his office to 1 East 124th St., Brooklyn.

A new five-story babies' ward building for the Post-Graduate Hospital, New York, becomes possible by the gift of Mrs. Alfred G. Vanderbilt.

The joint meetings of the King's County Eclectic Medical Society and the Brooklyn Therapeutic Society was held at the Hof Brau Haus, Brooklyn, September 30. The essayists for the evening were: O. Rhode, M.D., "My Experience with the Present Epidemic of Infantile Paralysis," and D. Alphonso, M.D., "The Tonsils, Tonsillitis, and Their Significance in Anterior Poliomyelitis."

The following act will be submitted to the next New York legislature by the State Board of Health:

AN ACT to amend the public health law, relative to the practice of medicine. The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1.—Subdivision four of section one hundred and sixty-six of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An

act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended to read as follows:

4. Has studied medicine not less than 4 years, including 4 satisfactory courses of at least *eight* months each in 4 different calendar years in a medical school registered as maintaining at the time a standard satisfactory to the Regents, *and has performed satisfactory clinical work for a period of 12 months in a hospital which has a daily average of not less than thirty patients, and has not less than 50 beds devoted to the treatment of medical and surgical diseases, and which is registered by the Regents as maintaining at the time satisfactory clinical and laboratory standards.*

This will be acted upon at the next legislature, and *will compel* every new graduate to serve in a hospital before he will be admitted to examination.

The weekly *Bulletin* of the Department of Health reproduces an interesting table showing the age and sex distribution of 848 fatal cases of infantile paralysis which occurred from January 1 to August 1. Only six of these deaths occurred previous to June 1. Of these deaths, 507 were males and 431 females. The largest number of deaths occurred among those two years of age. The total number of deaths of those under five years of age was 419 males and 266 females. During the age period from five to nine years there were seventy-six deaths of males and sixty of females. During the age period from ten to fourteen years there were only seventeen deaths, nine male and eight female. There were only ten deaths among the older age groups. There were only five deaths among colored children, two males and three females. The following table shows the nativity of the parents of the 848 fatal cases:

Both parents born in the United States		253
Both parents born in Italy	177	
Both parents born in Russia	115	
Both parents born in Ireland	40	
Both parents born in Austria-Hungary	39	
Both parents born in Germany	23	
Both parents born in other foreign countries	120	
Total foreign		514
Mixed native and foreign		81
Total		848

North Dakota.

An official report states that at a meeting of the State Board of Medical Examiners of North Dakota held in July, regulations on four special matters were adopted, as follows:

1. The board voted to admit to practice in North Dakota, without

further examination, any physician who presents a certificate from the National Board of Medical Examiners showing that he has successfully passed their examination.

2. It was voted that on and after July, 1918, every applicant for license, in addition to graduation from a recognized medical school, must present a certificate showing that he has served one year as an interne in an approved hospital. This applies, therefore, to all graduates of 1917 and thereafter.

3. Beginning January, 1917, every applicant for a license by reciprocity must present a diploma from a college rated in Class A by the Council on Medical Education of the American Medical Association at the time such diploma was granted. The resolution states that this requirement will apply to graduates of 1912 and thereafter.

4. Hereafter no candidate who fails at two examinations will be allowed to write a third time unless he presents a certificate showing that he has spent an additional year either in graduate study or in an approved college or hospital.

North Dakota is the second State to take definite action regarding certificates from the National Board of Medical Examiners, Maryland having done so by legislative enactment a few months ago.

Dr. H M. Presler, of Cullum, Ill., has moved to Anamoose.

Ohio.

Dr. John Uri Lloyd read a paper before the American Pharmaceutical Association at Atlantic City, September 7, on "Further Studies in Adsorption; a New Alkaloid from Ipecac."

On September 25, freshmen of the Eclectic Medical College were tendered a reception and dinner at the Metropole Hotel by the Tau Alpha Epsilon Fraternity. Sixty-five sat at the table. Dr. William H. Wolfram was toastmaster. Responses were made by Drs. George E. Dash, Charles W. Beaman, Cloyce Wilson and Charles Gregory Smith and Dean R. L. Thomas.

The Ohio State Medical Board has adopted a resolution requiring that all physicians who seek to register in that State through reciprocity must have resided and practiced at least two years in the State in which they hold their certificate. Several States require this.

The Ohio State University, College of Medicine, announces that beginning in September, 1917, its entrance requirements will be increased to include as a minimum the sixty semester hours of premedical work as required for the science-medical course. The Bachelor of Science degree will be conferred on completion of the second year in medicine, and the degree of Doctor of Medicine at the end of the fourth year in medicine.

H. F. Martin has located at Lafayette.

Dr. Robt. S. Postle has located at 976 East Market St., Akron.

The book lovers in the medical profession will be delighted with the intelligence that the Lloyd Library will soon have an extensive addition to house the thousands of new books which could find no room in the present structure. The building on the southwest corner of Court and Plum Streets, Cincinnati, said to be Cincinnati's pioneer tenement house, will be razed, and in its place will be erected a handsome and commodious structure. The Lloyd Library is constantly being enlarged, principally by purchase, and contains rare books on scientific subjects, especially in the realm of pharmacy and botany. While many medical men and women are daily visiting the library and delight in browsing about the shelves, it is to be feared that the institution is really better known and appreciated in other parts of the country than in Cincinnati. The writer of this hopes the medical public will not be remiss in taking advantage of the increased facilities which will be at its disposal upon the completion of the new building.

During January, one thousand cases of measles, with eleven deaths, have been reported by Toledo health authorities.

According to the secretary of the Ohio State Board of Health none of the cases of infantile paralysis thus far reported in the commonwealth have been traceable to the New York outbreak. During July, eighteen cases were reported.

Dr. Carll S. Mundy has opened an office at 1139 Ohio Building, Toledo.

Dr. E. H. Mercer has removed from Grand Rapids to 503 N. Main Street, Bowling Green.

Dr. E. B. Shewman read a paper on the "Importance of Surgical Diagnosis" before the Summit County Medical Society, at Akron, October 3.

Prof. John Uri Lloyd was tendered a tribute of love and respect by the Cincinnati branch of the American Pharmaceutical Association, October 3, at the Hotel Gibson. A testimonial banquet was given in his honor on the above date, Frank H, Freericks acting as tastmaster. Responses were made by Dr. Charles Dabney, Dr. Martin H. Fischer, A. J. Conroy and Frank H. Shaffer. Our professor and teacher has won three times since 1883 the Ebert prize for the best technical paper read at the annual session of the American Pharmaceutical Association.

The Northwestern Ohio Eclectic Medical Society met at Bluffton, October 19. It was one among the best meetings held. There was a large attendance and several new men added to the society. The morning was devoted to clinics and operations at the Bluffton Sanatorium, and the afternoon to discussions. Dr. J. P. Harbert read a paper on "Deaf Mutism," illustrated by a case in attendance. Dr. Carll S. Mundy, one on "Infantile Paralysis," based upon a personal experience of 187 cases. Dr. J. K. Scudder, of Cincinnati, was the guest of the society.

The Northeastern Ohio Eclectic Medical Association has been reorganized after a lapse of its regular meetings since 1911. The meeting was

held at the Hollenden Hotel, Cleveland, October 13. The next meeting will be held at the same place, December 14. The secretary is Dr. A. L. Swartzwelder, 2171 East One Hundredth Street. Get in touch with him.

Dr. Ralph E. Powers has moved from Lorain to Amherst.

Dr. M. M. Morrow has moved from Springfield to Donnelsville.

Dr. Claude Davis has located at East Liberty.

Dr. A. B. Martin has moved from Midland to Blanchester.

Dr. Wm. A. Stoutenborough has moved from North Lewisburg to Mechanicsburg.

Dr. C. Ross Deeds has moved to Dalton.

The Southwestern Eclectic Medical Association met at the Business Men's Club. Cincinnati, October 4. A paper was read on "Infantile Paralysis," by Dr. C. W. Beaman, and another paper was presented on "Gas Poisoning," by Dr. G. O. Leighner.

Reorganization of the Ohio Public Health Federation was effected, September 19, and by acceptance into membership of the Ohio Hospital Association of Graduate Nurses, the membership of the federation was raised to 11,000. Plans were completed for the establishment of State headquarters in Columbus, to be in charge of G. V. Sheridan, executive secretary of the Ohio State Medical Association, who was elected secretary of the reorganized federation. The executive council consists of Drs. Willard B. Carpenter, Homer C. Brown, D.D.S., Robert G. Paterson, Prof. Edward Spease, and Drs. John H. J. Upham, Frederick O. Williams and David White. Plans provide that State headquarters shall keep the membership in touch with all proposed legislation that will in any way affect public health during the coming winter.

The percentage of physical rejections after examination for muster into the United States service of the militia organizations of the States in the central department shows that the lowest percentage of physical disqualifications were in Iowa, 8 per cent. Illinois follows with 10 per cent.; then come Missouri, 12 per cent; Minnesota, 13 per cent.; Michigan and Nebraska, each 15 per cent.; Kansas, 16 per cent.; Wisconsin, 17 per cent.; South Dakota, 18 per cent.; Indiana, 21 per cent., and Ohio, which is estimated at more than 30 per cent.

At the annual meeting of the American Pharmaceutical Association at Atlantic City, September 7, the Committee on Conferring the Albert E. Ebert Prize for the best technical paper read at the last year's session at San Francisco, reported that Dr. John Uri Lloyd, of Cincinnati, was the recipient. His paper was entitled "The History of the Discovery of the Alkaloidal Affinity of Hydrous Aluminum Silicate." Professor Lloyd has received this prize four times.

Dr. Lee A. Hays has moved to Madison Road and Markbreit Ave., Oakley, Cincinnati.

Dr. Claude F. Yauman has moved from Pennsylvania to Petersburg.

The quarterly meeting of the Ohio State Medical Board was held in Columbus, October 2 and 3, with all members present. The first afternoon was public, being a hearing of representatives from the Lakeside Hospital in Cleveland, who were protesting against the recent action of the board in enforcing the law against nurses and other unauthorized persons administering anesthetics. The previous ruling of the attorney-general, who interprets the law for the board, stated specifically that none but registered physicians and dentists had such authority.

Subsequently the authorities of the Lakeside Hospital agreed to secure a physician as supervising anesthetist and to confine their teaching school in this direction to the instruction of internes and physicians, pending an effort to secure an amendment of the law at the next meeting of the legislature. This is a victory for the Interstate Association of Anesthetists.

Questions for the examination for physicians, to be held in the State House, December 5, 6 and 7, were submitted.

Reciprocity applications were granted to Charles A. Garvin, intended residence, Cleveland; William R. Stephens, Toledo; Homer W. Catter, Cincinnati; Chester A. Spitler, Middletown; John A. Shoemaker, Berea; Otis F. Simons, Cleveland; F. R. Stamp, Alliance; Allen Graham, Cleveland; Charles A. Bowers, Cleveland; James D. Crane, Leetonia; Joseph H. Ball, Cleveland; John R. Davis, Toledo; A. C. Smith, Wooster; H. K. Beckwith, Toledo; F. W. Pilliod, Toledo; E. J. McCormick, Toledo; L. F. Desmond, Holloway; K. D. Figley, Toledo; Margaret H. Bynon, Akron; W. K. Alsop, Steubenville; Paul O. Miller, Warren; H. H. McClelland, Dayton; E. E. Fankhauser, Clarington. Three others were held pending investigation, and three were rejected.

The cases of several non-drugless healers, recently registered under the Platt-Ellis law, were brought to the attention of the board for untruthful advertising and extravagant claims, and doing business beyond the confines of their special certificates. The board decided to take up a special crusade against such unlawful acts and against advertising itinerant quacks. The certificates of Theodore Jacobson and G. W. W. Walker, who were hired itinerants for the so-called United Doctors, had their certificates revoked.

The certificate of Dr. L. F. Preston, the former advertising tuberculosis specialist, was restored pending his pledge to engage in private medical practice without advertising. Several other physicians and drugless healers, whose licenses had been revoked for felony or other causes, were denied reinstatement.

Dr. Lawrence Miller has located in Toledo after finishing his work at Cumberland Street Hospital.

Dr. Harold Gibson has decided to locate at Blanchester after completing his interneship at the Metropolitan Hospital.

Pennsylvania.

The recent meeting of the Pennsylvania Society, held at Johnstown, September 27 and 28, was one of the most successful held for a number of years, both in regard to the number in attendance and papers presented and read before the meeting. Dr. Theo. D. Adlerman, ex-president of the National, was the guest of the association, and delivered two lectures, one entitled "Eclecticism Should be the Idealism of Our Life and not a Mere Badge of Graduation," the second, a public lecture in the evening, entitled "Impulse and Impulsive Insanity." The officers elected for the ensuing year are: President, J. D. Keiper, M.D., Johnstown; first vice-president, R. E. Holmes, M.D., Harrisburg; second vice-president, Harry Hatch, M.D., Centerville; recording secretary, M. V. Hazen, M.D., Harrisburg; corresponding secretary, J. W. Ritter, M.D., Jersey Shore; treasurer, N. M. Glenn, M.D., State College.

The premedical class has been abandoned by Jefferson Medical College, Philadelphia. Beginning with the session of 1917-1918, all matriculants will be required to present credentials showing the completion of two years of college work, including courses in physics, chemistry and biology, with laboratory work, and a modern language, either French or German.

South Dakota.

The governor has reappointed Dr. Ernest W. Feige, Huron, and Dr. William E. Daniels, Madison, members of the State Board of Health. At the midsummer session of the State Board of Health and Medical Examiners held in Deadwood, July 17, the following officers were elected: President, Dr. Felix E. Ashcroft, Deadwood; vice-president, Dr. Ernest W. Feige, Huron, and secretary, Dr. Park B. Jenkins, Waubay.

Dr. W. I. Kingsley has removed from Chester to Davis.

Texas.

Dr. George H. Candlin has removed from Eaton, Col., to Presidia.

Dr. James Yates has removed from Alpine to Corona, New Mexico.

West Virginia.

Dr. L. W. Page has removed from Rock Cave to Buckhannon.

Dr. H. R. Yost has located at Fairmont, W. Va.

R. M. Musick has located at Gilbert.

Wisconsin.

The State Board of Control, June 29, authorized the sterilization of the women inmates of the State Home for the Feebleminded, Chippewa Falls.

MARRIAGES.

Dr. Franklin D. Postle to Ethel Marie Main, August 3, 1916.

Dr. Harry C. Solomon to Miss Maida Herman, in Boston, June 27, 1916.

Dr. Z. H. Ballmer to Miss Crylss Wieland at Toledo, Ohio, September 2, 1916.

Dr. Jacob Theodore Bowman to Miss Bertha R. Balme at Somerset, Pa., October 3.

OBITUARIES.

Babbitt, Dwight Sneller, Eclectic Medical Institute, Cincinnati, 1869, at his home in Defiance, Ohio, August 13, aged seventy-four years.

Bening, Herman, Eclectic Medical College of the city of New York, 1879, at his home in Cibolo, Texas, September 13, aged sixty-four years.

Buecking, Edward F., Bennett Medical College, Chicago, 1876, at his home in Chicago, Illinois, July 29, aged fifty-nine years.

Coombs, Horace W., Eclectic Medical Institute, Cincinnati, 1870, at his home in Cave City, Kentucky, August 9, aged seventy years.

Dillahunt, William S. G., Eclectic Medical Institute, Cincinnati, 1878, at his home in Springfield, Ohio, July 28, aged sixty-four years.

Druley, Elmer Martin, Eclectic Medical Institute, Cincinnati, 1879, at his home in Centerville, Indiana, July 18, aged fifty-two years.

Grigsby, Ulysses Grant, Eclectic Medical Institute, Cincinnati, 1896, at his home in Perry, Iowa, July 26, aged forty-eight years.

Harvey, Asa, Eclectic Medical Institute, Cincinnati, 1875, at his home in Canon City, Colorado, July 26, aged sixty-three years.

Hudson, O. L., Eclectic Medical Institute, Cincinnati, 1856, at his home in Princeton, Indiana, September 22, aged eighty-six years.

Martin, Lafayette, Eclectic Medical Institute, Cincinnati, 1887, at his home in Batesville, Indiana, April 14, aged seventy years.

McKlveen, John A., Bennett Medical College, Chicago, 1872, past president of the Iowa and National Eclectic Medical Associations, at his home in Chariton, Iowa, July 17, aged eighty-one years. Dr. McKlveen was among the oldest members of the National, biography appears on page 70 of Volume 5 of the QUARTERLY.

Ray, Worth, Eclectic Medical College, Cincinnati, Ohio, 1879, at Ironton, Ohio, June 17, aged forty-three years.

Stimson, Henry H., Bennett Medical College, Chicago, 1870, at his home in Saugatuck, Michigan, July 14, aged ninety-two years.

Tobias, John Milton, Eclectic Medical Institute, Cincinnati, 1871, at his home in Mitchell, Nebraska, September 29, aged seventy-six years.

Van Voorhis, John Phillip, Eclectic Medical Institute, Cincinnati, 1856, at his home in Fairdale, Illinois, July 4, aged eighty-two years.

Wilmuth, George B., Eclectic Medical Institute, Cincinnati, Ohio, 1864, at his home in Springdale, Ohio, June 12, aged eighty-five years.

Wood, Nathan N. E., Bennett Medical College, 1878, at his home in Chicago, Illinois, September 15, aged sixty-four years.

Woodward, John Henry, Eclectic Medical Institute, Cincinnati, 1875, at his home in Springfield, Missouri, September 4, aged sixty-eight years.

BOOK REVIEWS.

How To Live, Rules for Healthful Living based on Modern Science, authorized by and prepared in collaboration with the hygienic reference board of the Life Extension Institute, by Irving Fisher, chairman, and Eugene Lyman Fisk, M.D. Eighth Revised Edition, Funk and Wagnalls Company, New York and London, 1916, $1.00.

We have read this work of 345 pages with much interest and pleasure. It contains five chapters of 157 pages devoted to such subjects as air, food, poisons, activity in general, etc., and an additional 160 pages of supplementary notes on special subjects, such as food, posture, alcohol, tobacco, eugenics, etc.

We can commend this book not only to the profession, but to the laity more especially. The aim of The Life Extension Institute is the conservation of life, not only by efforts to prevent the ravages of disease, but by checking the increasing waste of vitality and human life from chronic diseases. "How to Live" points out to the individual some rules by which life may be prolonged. M.

United States Public Health Service pamphlets received recently are:

Artificial Purification of Oysters.

The Notifiable Diseases Prevailing During 1915 in Cities of Over 100,000.

The Notifiable Diseases Reported Prevalent During 1915 by States.

Cyanide Gas for the Destruction of Insects.

Public Health Administration in Nebraska.

Influence of Occupation on Health During Adolescence.

Syphilis, some of its Public Health Aspects.

Rural School Sanitation.

Court Decisions Pertaining to the Public Health.

Physicians could easily profit by securing and reading these pamphlets. They contain much of general interest and value. We have gleaned much valuable information from these publications in the past. We feel physicians do not have a proper appreciation of them. M.

NEW APPLICATIONS TO THE NATIONAL FROM SEPTEMBER 1, 1916, TO DECEMBER 1, 1916.

ALABAMA.

Crow, J. S., Danville.

ARKANSAS.

Norris, R. O., Moscow.

CALIFORNIA.

Buckingham, J. R., Big Pine.

CONNECTICUT.

Clensi, Vincent.

FLORIDA.

Hague, J. A., Alton.
Lowery, C. F., Ponce de Leon.
Lattin, C. A., Hastings.
Meyers, Nicholas P., Florinda.

ILLINOIS.

Barnes, F. E., Charleston.

INDIANA.

Hudon, O. L., Princeton.

KANSAS.

Cooley, John L., Bellaire.
Massey, R. E., Topeka.
Phillips, Myrtle, Kansas City.
Wolf, C. S., Kansas City.

KENTUCKY.

Nichols, W. E., Fullerton.

MASSACHUSETTS.

Heath, W. R., Somerville.

MISSOURI.

Musick, J. D., Calhoun.

NEBRASKA.

Conrey, A. D., Neligh.
Culver, E. J., Friend.
Kent, L. S., Lincoln.
Metheney, H. H., Lincoln.
Rizk, J. J., Waverly.
Stiles, H. H., Lincoln.
Swartwood, F. M., Lincoln

OHIO.

Brodnac, J. T., Portsmouth.
Nellans, Bryon H., 500 W. 7th, Cinti.
Nunnamaker, 21 E. 7th, Cincinnati.
Snell, A. F., Jr., 1054 Wesley Ave., Cinti.
Thiel, J. N., 1618 Dorman St., Cinti.

PENNSYLVANIA.

Hatch, Harry, Pleasantville.
Hazen, Carl M., Titusville.
Livingston, W. W., Dunlo.

TEXAS.

DeWitt, J. A., Levita.

WEST VIRGINIA.

Backus, S. G., South Charleston.

WYOMING.

Brooks, Isaac W., Pine Bluff.

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Utah—C. L. Olson, Murray.
Vermont—P. L. Templeton, Montpelier.
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Wyoming—T. A. Dean, Casper.

Grievance—O. S. Coffin, Indianapolis, Ind.; E. R. Waterhouse, St. Louis, Mo.; **R. E. Howard, Ft. Lauderdale, Fla.; W. E. Kinnett, Peoria, Ill.**

Credentials—**W. S. Glenn, State College, Pa.; H. H. Helbing, St. Louis, Mo.;** E. L. Daniels, Atlanta, Ga.; M. B. Stine, Des Moines, Iowa.

Press—J. P. Harvill, Nashville, Tenn.; W. N. Mundy, Forest, Ohio.

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Audit—J. C. Mitchell, Louisville, Ky.; H. H. Blankmeyer, Aransas Pass, Texas; J. A. McDonald, Century, Fla.

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NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Council of Medical Education.

My Dear Doctor:

Will you please give a few moments of your time to the consideration of this letter? You cannot help but agree that the existing Eclectic medical colleges are the bulwark of Eclecticism and Eclectic teaching. Without the Eclectic colleges, our cause of liberal medicine and our efforts in the people's behalf, would soon disappear from the face of the earth. This would be a staggering blow at every physician holding a diploma from our institutions. Is it not therefore the privilege, on his own account, as well as the duty of every Eclectic graduate, to support and help build up the Eclectic medical colleges? Is it not our duty to unite our efforts for the cause, which we love?

With this end in view, at the last meeting of the National Eclectic Medical Association, held at Cedar Point, Ohio, a committee composed of Dr. T. D. Adlerman, of Brooklyn, New York, Dr. H. H. Helbing, of St. Louis, Missouri, and Prof. John Uri Lloyd, of Cincinnati, Ohio, was elected to begin the establishment of a fund to be distributed among the existing Eclectic medical colleges, and under the direction of the National Committee, to be used by these colleges to increase their facilities, to enlarge their laboratories, increase their hospitals, and otherwise meet legitimate demands upon them. Every cent of the fund collected by this committee will be accounted for by this National Committee, and will be used to great advantage by the Eclectic medical colleges.

Doctor, we therefore appeal to you from heart to heart, to your generosity, to your love of Eclecticism, and to your own professional interest as well, to help us liberally in this work. If you have prospered and can give largely, be assured every dollar of your donation will be most carefully expended, to the good of the cause. If you can give but one dollar or two dollars, this will be received as gladly and thankfully as the donation of a hundred or more. Every physician who contributes one dollar to this fund will take an increased interest in the prosperity of the colleges. We, therefore, ask you to send what you can, no matter how small may be your contribution.

Trusting that this appeal will receive your immediate attention, and that we may hear from you in response, we are,

With best wishes for your success,

Fraternally yours,

Theodore Davis Adlerman, M.D., *Chairman*,

H. H. Helbing, M.D.,

John Uri Lloyd, Phar. M.

Since making the above call, the following members of the National Eclectic Medical Association have contributed to the College Fund:

OHIO.

Welling, D. H.
Kemper, P. A.
Buecler, P.
Bixel, P. D.
Mercer, B. W.
Viets, V. D.

NEW YORK.

Pierce, V. Mott.
Pierce, F. D.
Brunor, E.
Steele, J.
Heacock, J. H.
Lewin, S.
Graf, C. B.
Wolf, A. B.
Dincin, H.
Heeve, W. L.
Rohde, O.
Elliott, F. E.
Stoesser, H.
Feld, H.
Bernstein, J.
Seligman, H.
Von Unruh, V.

CONNECTICUT.

Smith, H. Leroy.
Katzoff, S. L.
Tomassello, S.

PENNSYLVANIA.

Hatch, C.
Keiper, J. D.
Shaulis, E. F.
Ritter, J. W.
Hazen, M. V.
Blough, E. R.

INDIANA.

Hauck, J. H.
Best, W. P.
Quincy, W. P.
Porter, G. C.

MICHIGAN.

Shafor, H. A.

SOUTH DAKOTA.

Collins, W. P.
Suddard, G. W.

NEW JERSEY.

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Liva, A.

OKLAHOMA.

Leachman, J. S.

CALIFORNIA.

Ferguson, W. P.
Hervey, C. H.

TEXAS.

Yates, J.
White, G. N.

IDAHO.

Barton, C, A,

WISCONSIN.

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ARKANSAS.

Yancy, J. W.

MASSACHUSETTS.

Barbrick, J. F.

FLORIDA.

Saxton, D. E.

In all up to date (October 28, 1916), we received $424.00 as contributions to the College Fund of the National Eclectic Medical Association.

Fellow Eclectics: In the history of every reform movement, whether pertaining to medicine, law, liberty, religion, or ordinary human rights, there are phases which require sacrifices in order to upbuild, support, and uphold the particular movement, or even to decide the ultimate fate of the cause.

Doctor, if you think anything of Eclecticism, anything of our liberty as Eclectics, anything of the privilege to practice according to the best light that we have, if you think anything of the American born principle of freedom of thought and action, then you can not help but consider the justice of our cause and the justice of this call, and you will, I am sure, contribute what you are able to to this fund for the support of our colleges.

Come, Eclectic Brothers, let me hear from you with your contributions.

T. D. Adlerman, M.D., *Chairman,*
H. H. Helbing, M.D.,
John Uri Lloyd, Phar. M.

[We insert the following with apologies to the *Ohio State Medical Journal.*]

Why Leading Advertisers Should Use Space in this Journal.

First.—It is the official medical journal of the National. It is owned and published by the National Eclectic Medical Association.

Second.—The officers of the National Association have launched a campaign to educate every member to give preference to Quarterly advertisers—pointing out that by so doing we can build up a much stronger journal and greater Association.

Third—The readers are joint owners in the Quarterly. They supply the reading matter. This gives them a personal interest in all its pages.

Fourth—This Quarterly is not published for the profit of any individual, but it is published solely in the interest of all the members of the National Society. This gives a superior value to our advertising pages.

Fifth—Equable circulation among all the members of the various Eclectic State medical societies throughout the States guarantees advertisers their goods will be called for in cities, small towns, and even rural districts, thus creating a demand for their goods from druggists and merchants whom traveling salesmen have not visited.

Sixth—Our circulation is increasing steadily. If our mailing department wobbles and misses a member, he kicks like a steer. He wants his Quarterly.

Seventh—Physicians buy goods for their own homes, hospitals, sanatoriums, and other public institutions. Practically 90 per cent. of our members drive automobiles. They are connected with boards of health and public schools. They inspect milk and foods of all kinds. They are identified with public legislation and sanitation. In the sphere of his own practice the physician is an authority.

Advertisers should inform physicians about their goods. The physician's recommendation of a product, or even his knowledge that it has merit, and is accepted in the advertising pages of his own journal, is equivalent to his endorsement. The firms which advertise in this journal are assured of the co-operation of its readers.

For further information write the business manager, 630 West Sixth Street, Cincinnati, Ohio.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME VIII. CINCINNATI, MARCH, 1917. No. 3.

URINARY CALCULUS OR STONE.

FREDERICK MOORE ANDRUS, M.D., LINCOLN, NEB

Renal, ureteral, vesical—I shall not attempt to cover this whole field. Just to stimulate a few thoughts along this line will be the main object of this paper, with a report of some cases that have been cared for in our service.

Composition and cause of stone, or calculus: Uric acid, as a cause, is estimated as constituting anywhere from one-half to three-fourths of all the varieties. Sir Henry Thompson's report is as follows: Uric acid, 23.7; oxalates, 37.6; mixed calculi, 22.0; phosphatic, 18.3. In a total of 224 cases by Morris, Cunningham and Thompson, there were 52 cases of uric acid formations in the kidney.

Physical characters: Uric acid red or reddish-yellow; hard, smooth, round or oval.

Urates: Color, yellow, soft, smooth, round or oval.

Oxalates: Usually dark brown, sometimes black, hardest of all calculi. Their surface is irregular, and simulate the mulberry.

Phosphatic calculi are white or grayish, pultaceous, brittle, sometimes hard; they may be smooth or irregular, round or oval. Cystine calculi, pale yellow, of a waxy look, smooth, friable, generally round.

A calculus may be classified as primary or secondary. When it develops in an undiseased kidney, it is primary; when in a diseased kidney, it is secondary.

Etiology.—Disorders of digestion, of stomach, liver, pancreas, skin, lungs, intestinal tract and kidney; defective metabolism, systemic or organic, such as defective oxygen supply from insufficient exercise; stomach and intestinal bacteria only indefinitely understood; stasis intestinalis; excess in urea due to retrograde metabolism. Whatever the causal factors, we know that there appear under these circumstances or conditions crystals of some of the urinary salts in excess, and to this fact we ascribe the formation of calculus and the consequent name, urinary crystalline diathesis. Influence of diet, habit, climate, drinks and excretory organs are all to be considered in the treatment.

Remedies, as solvents, are numerous, but few give results unless combined with general hygiene and diet; however, when we consider the many varieties it is reasonable to suppose that solution of some of them may be

accomplished by certain lines of treatment, such as the phosphatic, cystine and uric acid forms; by the waters, such as Pullna, Hunyadi Janos, which contain great amounts of soda and magnesium salts; next to these are the Friedickshall waters, which is a milder, better tasting remedy, less active as a cathartic and does not gripe; the dose, from one-half to two-thirds of a tumblerful followed by a half glass of hot water before each meal, secures a good bowel movement and kidney action. Much of the benefits obtained at the watering places is due to the perfect hygiene that is carried out, with systematic exercise, which is seldom done when treated at home. Following this a tonic of some preparation of iron for a period of three months is very beneficial. However, there are a great many remedies used that tend towards increasing metabolism.

In the oxalic formation, if located in a position and the accumulation or formation is large and jagged so that it will not pass through the uriniferous tubules, ureters or urethra, surgical interference must be instituted. The surgical indications are the knowledge that the stone is too large and rough to pass through the ureters or urethra; or if in the parenchyma of the bladder or in the prostate, failure of relief medically, the patient's condition continually growing worse. Some locations justify earlier intervention than others, such as stone in the ureter obstructing the outflow of urine, endangering it and the kidney; also in the urethra, obstructing all excretory action from the bladder, demands immediate relief. Those in the urethra can usually be removed by urethral stone forceps, while those of the kidney pelvis and ureters demand incision with removal.

In cases of stone in the pelvis of the kidney the usual loin incision is made. If of the ureter, incision along the line of the linea semilunaris is made, stripping the peritoneum from the lateral and posterior abdominal wall, exposing the ureter extraperitoneally, which will be found most easily at the brim of the pelvis; the ureter is incised longitudinally above or below the stone (never over the stone) and the stone expelled. Catheterize the ureter both ways, and unite the edges of the incision with 0 or 00 catgut sutures and place a cigarette drain approximate to the incision. Close the wound in the usual manner.

The same technique is used in all pelvic stones except that in the case of closure of the incision of the pelvis a flap of fat is brought over the incised pelvis and sutured with a few interrupted sutures.

SPECIFIC MEDICATION.

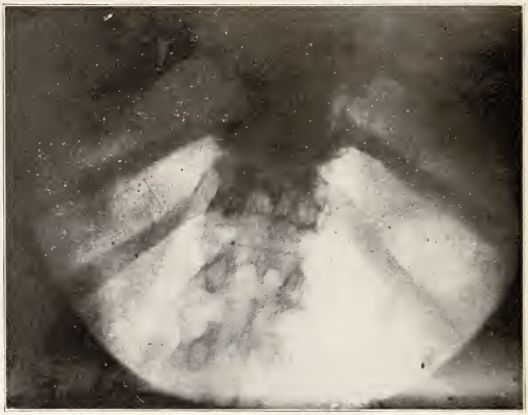
W. F. Lehr, M.D., Arlington, Ohio.

While much has been written about specific medication, and while we do not presume to furnish any new argument for it, we deem it meet, right and our bounden duty to give a reason for the faith in us. What is specific medication? Do be believe it to be safe, practical and a helpful method of treatment? Can we, the rank and file of the Eclectic school of medicine,

Stone in Bladder.

Stone, Bladder.

Stone in Ureter, Left.



Stone, Right Kidney.

Stone, Left Kidney.

endorse this system after having been in active work and comparing our treatment with that of our Allopathic friends? If we have been successful and our line of treatment has been satisfactory to ourselves and patrons, then it is our duty to openly endorse specific medication and give all honor to our forefathers, who so earnestly and bravely inaugurated and defended this system of medication, and for that purpose I prepare this brief paper as my endorsement, after sixteen years of experience in the practice of medicine.

In conversation with Dr. M. one day, concerning some of our classmates and their success, he remarked, "All of our fellows seem to be making good." "Yes," I replied; "and why, doctor?" Isn't it due to the careful instruction we received, while in college, on the necessity of careful examination of patient, specific remedies to meet specific symptoms, and a large and reliable materia medica to draw upon?

Yes; undoubtedly these have been the foundation stones of our medical superstructure, and although much depends upon our own personality, yet these others have been our stock in trade upon which we could draw as necessity demanded. Realizing, then, our utter dependence upon the principles taught us, we ought always to be ready to stand up for and defend these same principles when any question arises as to their place and fitness in the medical realm. Not only has our Alma Mater been wise and judicious in her instructions, fitting us with equipment necessary to good service in the medical field, but our local, state and national organizations have been ever thoughtful and solicitous of our individual needs, and have stood firmly and solidly against any movement or legislation that would hamper or hinder us in the practice of our profession. And the fact that "we today command the fraternal respect of the medical profession at large," is due to their untiring energy and watchfulness in preventing unfavorable legislation.

The average practitioner thinks too lightly, if at all, of these facts. Ever busy in his ministrations to suffering humanity and his civic duties as a citizen of his community, he forgets, as it were, the obligation, loyalty and respect even, due the institution that gave him his medical birth and the guardian organizations that have so carefully protected his growth and development and turns a deaf ear to their call for aid and assistance. We do not believe the doctor is really ungrateful for the benefits he has received from these institutions, but is simply careless and indifferent to the great need of his enthusiastic loyalty and support to every movement and organization that has for its aim the protection, uplift and advancement of the Eclectic school of medicine.

We fully believe him to be loyal to the instruction he has received, and that if circumstances demanded it he would fight, yea, even die, for the principles of his profession. But, doctor, while we have been enjoying the fruits of our early instructions, a few have been bearing the burden in the heat of the day, and have been laboring long and arduously for our welfare; and now let us awaken from our lethargy, become active in our support of those organizations, and when adverse legislation is proposed we can speak

with a voice that can be heard from ocean to ocean, and lake to gulf, and we'll command the attention and respect of all legislative bodies. And for these reasons I speak out in open meeting today my endorsement of specific diagnosis and specific medication, for one is useless without the other.

We were taught that certain drugs would meet and overcome certain conditions as surely as water would quench fire. That these conditions were marked or indicated by certain phenomena or symptoms which we must recognize before we could give the proper remedy. That these conditions always called for the same remedies regardless of the variety of diseases in which they might be found, and that our success in the profession depended entirely upon the careful recognition of these symptoms, a knowledge of conditions that would produce such phenomena and the application of the indicated remedy for the case in hand.

Was this good teaching? A sound doctrine? Has your experience verified the truth of these statements, or have you proven them a fallacy? Has your experience with specific medication been a success or failure? Would you advise a continuation of the teaching of these principles in our school of medicine? Does any other school offer such a sane and rational system of treatment as ours? Have we as Eclectics anything to be proud of, anything worthy our existing as a separate school of medicine? Is there anything in our curriculum of study or system of medication that better equips us for service for suffering humanity than other existing schools. If experience and observation have proven that we possess superior qualifications and better equipment, then let us rally more enthusiastically to the loyal support of our college and the different organizations representing Eclecticism. Let us enlist, to a man, in the cause for common defense against our arch enemy who seeks to invest himself with our equipment while relegating us to obscurity and oblivion.

If the cause of Eclecticism is right, if specific therapy is the best system of treatment extant today, and we verily and truly believe it to be (and we further believe that every Eclectic physician who has been or is in active work has had this fact duly demonstrated by observing the methods of other physicians); and furthermore, if every mother's son of Eclecticism be true to the principles taught him and loyal in his support for all that stands for those principles, the cause for which we stand today, the cause of Eclecticism, under whose banner we are proud to be enrolled, will stand the test of time, and all the vile calumny and hatred and envy and jealousy heaped upon it by its enemies will only serve to purify and polish and brighten until in the end Eclecticism will stand out a great, shining, gleaming memorial to the memory of our glorious fathers in the cause, who builded better than they knew—a beacon light reaching to the clouds, flashing its light of supremacy to the ends of the earth, inviting their sons and daughters to its storehouse of fundamental knowledge and training; and the little, despised, persecuted minority school of yesterday and today will become the popular, inspiring, predominant school of tomorrow, and Eclecticism will have come into her own.

EPILEPSY.

THEODORE DAVIS ADLERMAN, A.B., M.D., BROOKLYN, N. Y.

Can we say something new about epilepsy which has not already been said? Can we bring out some new features about this scourge of humanity which have not already been pictured by other writers on the subject? That remains to be seen and is for you to judge. I do not believe there is another disease which is more horrible, or which is looked upon with more despair by both physician and the laity than epilepsy. The frightful picture presented by an attack of genuine epilepsy is such that once seen it is never forgotten, and we can here describe it as a nervous affliction which is characterized by a fit of sudden loss of consciousness, attended with convulsions. I am quite willing to agree, and to save arguments and debates will say that we can not always adhere to the above definition, and that there are cases in which the manifestations of epilepsy are less marked and yet are equally characteristic of the disorder. On the other hand, we must not overlook the fact that more than once have mistakes been made by applying the name epileptic or epileptiform to attacks of a purely convulsive nature.

Genuine epilepsy is a functional neurosis, and the attacks which occur can be subdivided into three distinct groups: (1) the loss of consciousness with marked convulsive seizures, known as "grand mal"; (2) transient unconsciousness, without convulsions, known as "petit mal"; (3) localized convulsions without loss of consciousness, which in certain cases are manifestations of Jacksonian epilepsy.

This horrible affliction has no respect for age, and no age is exempt from epilepsy. While most of the cases appear during the first two decades of life, quite a few cases will develop under twenty years of age, and the period of twelve to seventeen years, this most important period in the average life of the boy or girl, produces a vast number of epileptics. Very frequently epilepsy will begin in infancy. About one-eighth of all the cases begin, in fact, in the first four years of life, and nearly one-fourth begin in these dangerous years—thirteen, fourteen, fifteen, sixteen—which in most instances constitute the period of puberty. Out of 1,450 cases which were analyzed by Gowers, 422 developed epilepsy before the tenth year, and 75 per cent began before the twentieth year.

Later-day scientists who are so prone to juggle with the question of heredity and its influence upon humanity, would do well to study the etiology of epilepsy as well as the history of this peculiar affliction. A nervous diathesis can be demonstrated in nearly a third of all cases of epilepsy. Time and again has it been demonstrated that hereditary transmission in epilepsy may be either direct or indirect, saying otherwise, what is epilepsy in one generation may be some other form of neurosis in the next generation. Trousseau was a firm believer in this theory. The question will merely be whether the ancestors have shown a nervous instability or a general tendency to nervous disease. Careful investigations into the history of an epileptic

as a rule brings forth among the patient's relatives instances of hysteria, insanity, epilepsy and general nervousness. In many cases, especially those where epilepsy is hereditarily transmitted, we find a want of symmetry in the formation of the skull and a rather defective cerebral development. Males seem to predominate in number over the females.

That the constant use of alcohol is detrimental to the nervous system is not disputed at the present time, and there can be no question whatever to an unbiased mind that alcohol, tobacco, mercury, lead, and some other toxic agents, favor the developing of epilepsy, and can therefore be considered among the predisposing causes. Sudden fright, excessive mental anguish, worry, anxiety, overindulgence, debauchery, trauma, reflex irritation, such as from worms, teething, indigestible food, nasal disease, can all be considered as contributing to the production of the disease. In quite a few cases we are able to establish connection between epilepsy and a previous injury to the skull, nor must we overlook the importance of injuries to the brain which cause hemorrhages and are followed by the formation of cicatricial tissue, as these can be considered as common factors in the production of epilepsy. There seem quite a few cases where the first menstruation was followed by an outburst of epilepsy, and in conjunction with this we must also mention the cases in which during the climacteric an old, quiescent epilepsy will reappear, just in the same way as some other neuroses may come up after this period. While in some instances such acute infectious diseases as measles, scarlatina, pertussis or diphtheria may be followed by the development of epilepsy, the real relationship between the infectious diseases and epilepsy itself is of no real significance. Without hesitation we can all admit that many cases of epilepsy date from the first infantile convulsion, the first fit occurring during retarded dentition. It is also an established fact that rachitic hydrocephalus predisposes to a later epilepsy.

In such cases where epilepsy has developed after the thirty-fifth year of age, the causes are very rarely idiopathic, and are mostly due to either syphilis or organic brain disease. Syphilis seems to act as an exciting factor, providing the predisposition is there.

Emotional disturbances, sudden mental shock, intense alarm, will very often serve as aids in provoking the first fit, even though quite some time may have elapsed between the occurrence of such emotion and the appearance of the first fit.

Circulatory disturbances, diseases of the blood vessels, multiple sclerosis, paresis, may be followed or accompanied by epileptiform convulsions.

Pathology: In most cases we can not detect any histological changes, and the pathology of epilepsy is an open question. Von Giesen claims to have found changes in the large pyramidal cells of the cortex and in the neuroglia in two different cases. Kussmal and Tenner claim that epileptiform convulsions can be excited by a general cerebral anemia, while Tudorsky recently proved experimentally that an increase of blood pressure and an increased afflux of arterial blood to the cerebrum takes place during an epileptic attack. Chasin found isolated areas of sclerosis or gliosis in several

brains of epileptics, the same as has also been observed by Bucholz and Gaeler. Hitzig, Fash and Uverisscht claim that in certain cases rapidly disappearing functional disturbances produce epilepsy. This view is supported to some extent by the fact that unconsciousness accompanies the convulsions and the frequent psychical complications and disturbances.

After a careful consideration of the above facts we can arrive at only one conclusion, that epilepsy is a disease of the cortex, as no constant changes have as yet been observed in the brain of the epileptic. Post-mortem examinations do not throw very much light upon the subject, as the appearances presented are of a very uncertain and indefinite character, as a cerebral congestion, or atrophy, or degeneration of brain substance are common to many other forms of nervous disease.

Symptoms: While in very many cases the attack of epilepsy comes on suddenly, yet in most of the cases the attack itself is preceded by certain well-defined premonitory indications or warnings. The warnings may be present for several hours or days before the convulsive explosion takes place. The warning may be in the form of mental depression; the patient becomes morose, gloomy, sad and listless; he has headaches, as well as peculiar dreams; he or she may experience a feeling of heaviness and tardiness in the limbs, accompanied by tingling sensations in the extremities. Besides the general symptoms there are also frequently present peculiar, distinct sensations which immediately precede the onset of the fit, and to which the name of "aura epileptica" is given. These auræ announce the immediate attack, and can be considered as its first initial symptom. Some sort of an aura occurs in nearly 70 per cent of all epileptic cases, and according to their occurrence in the sensory, motor, vasomotor or psychical regions are designated and known as sensory, motor or psychical auræ. It recurs in the same patient regularly in the same manner and with the same symptoms.

In many cases these auræ may be of a purely mental character, in the form of an agonizing sensation or feeling, of a momentary duration, in the form of sharp, unbearable pain in a limb or in some internal organ, such as the stomach. It may come as some morbid feeling connected with the special senses, or in the form of contractions (motor character) or trembling in some of the muscles. The giddiness which is such a common warning of an epileptic fit is a purely motor symptom.

Visceral or pneumogastric warnings consist of vague sensations in the epigastrium, associated with nausea; peculiar sensations seem to ascend from the epigastrium to the throat and head, producing in some cases a sense of choking, and, when they reach the head, unconsciousness follows. These epigastric auræ are quite common, deep-seated, and may be associated with a sense of suffocation. The auræ of special senses are frequent. There may be an implication of every special sense. In some cases sudden darkness may come on, the patient may see sparks, lights, flames, red fires, fire outbursts, etc. The olfactory and gustatory implications are at all times of an unpleasant nature. The vasomotor auræ consist of marked cardiac palpitation, congestion and breaks of profuse sweat, cyanosis of fingers and toes

with or without numbness. The auditory warnings consist of some simple sound or other, such as a whistle, the sound of a bell; or, on the other hand, a tremendous roar or crash may make its appearance. For some few cases these sounds assume a more elaborate character, the patient hears music, voices and some words.

Psychic auræ are a sudden abnormal mental state, such as an emotion, or it may assume the form of an idea. Some peculiar form of fear, or a rapidly growing mental depression, an abnormal impulse to rage, gaiety or aversion; he may see a burning city, a wave of flames, a town in ruins; or a sudden scream may take the place of the above and the patient falls and the attack is on.

Unconsciousness is complete in most cases; the muscles become stiff, or a toxic contraction seems to envelop them. The contraction as a rule affects one side of the body. A series of sharp jerks will turn the head towards one or the other shoulder, the breathing for the moment is arrested; the face, which at first is very pale, becomes livid, the pupils are dilated, the pulse is rapid. This constitutes the first stage of the fit, lasting in all about a half minute, and is quickly followed by the clonic stage, which is a state in which the whole body is thrown into a most violent agitation, which at times is so strong that bones may become dislocated or even fractured. The eyes roll wildly, the teeth are gnashed, the tongue and cheeks are often bitten and foam mixed with blood issues from the mouth. The breathing is very noisy, and the contents of bowels and bladder are ejected. This stage will last in most cases from a few seconds to several minutes, and a more repulsive picture is hard to imagine. When the convulsive movements commence to subside, the muscles become relaxed, partial consciousness returns, the patient is confused, and a distinctly peculiar drowsiness or stupor sets in, which may continue for several hours, when he will awake apparently quite recovered, or tired out and very much depressed; or in a few cases he may exhibit a certain excitement which may assume a form of mania. He may become homicidal, or entirely demented if the attacks are frequent. If the number of attacks follow each other in very rapid succession, the condition is termed "status epilepticus."

In some few cases after an attack the patient may remain in a condition of trance, in which he may perform apparently logical acts. He may go on journeys, conduct conversations, do certain things—all of which he has no recollection afterward. Crimes can be committed in this peculiar state. This condition is known as epileptic automatism and may occur without the preceding convulsion.

The epileptic attack does not always present the same uniform, typical character. The clonic stage in some cases may come on before the tonic stage, or the clonic stage and tonic spasms may alternate, or they may be present in different parts of the body at the same time. Loss of consciousness and partial tonic spasm is common in apoplectiform epilepsy.

Epileptic attacks often occur during the night, and in some cases during sleep only, giving rise to what is termed as epilepsy nocturna, which may

last a few days before being discovered. Fatigue, coitus or masturbation may provoke the fits.

Besides the violent spasm (grand mal) described above, we encounter quite often the milder forms of the attack, the minor cases, the so-called "petit mal." These milder cases do not always possess an aura before the attack. In these cases the patient may pause in the midst of a conversation, or in the midst of some occupation; he will stare absently for a minute, and then with an equal abruptness go on with what he was doing. These minor attacks present many forms and many varieties. There is no pallor of the face at the moment of the attack, but the pallor instead is frequently seen after the attack. Of the momentary loss of consciousness the patient may be entirely unaware; in fact so sudden and rapid is the onset and ending of this peculiar unconsciousness that the patient may be entirely ignorant of its presence. This loss of consciousness may be partial, it may be incomplete, as it may not be lost entirely, only rendered somewhat imperfect. The patient may see all those about him, but all seem to appear so strange, so unfamiliar, as if surrounded by some clouds. After an attack of "petit mal" the patient may perform automatic actions as after the attack of "grand mal," and the two forms may often combine and coexist. There are cases of "petit mal" in which the patient without loss of consciousness suddenly collapses in the knees, falls and immediately rises. In some few instances of "petit mal" certain spasmodic action in the muscles will cause the patient to make some unexpected movement, such as turning around, or walking abruptly aside, or an unusual expression in the face may appear such as squinting or grinning. Some patients will suddenly run forward or in a circle for a few seconds, rapidly and without any apparent object, and be unable to explain the act, the so-called "procursive epilepsy."

When the attacks are the result of some irritative lesion affecting the motor region of the cortex, we call them Jacksonian epilepsy. Attacks of this nature have also been caused by growths in other parts of the brain, as in the cerebellum and pons. Tumors which press upon and irritate the motor area of the cortex produce Jacksonian epilepsy. In its early stages Jacksonian epilepsy is limited to the face, arm or leg, or to some particular muscle group. If in the hand, it will ascend to the arm, and then the leg will be involved. In the attacks of circumscribed cortical epilepsy there is no disturbance of consciousness, but if the convulsions extend to both halves of the body there is usually loss of consciousness. The individual attack lasts about one or two minutes, and after they cease there remains a transitory motor weariness in the muscles affected. In a typical attack there is in many cases a feeling of tingling or numbness, succeeded by the spasm in the limited groups of muscles.

Idiopathic epilepsy is that form which can not be accounted for by either organic disease or reflex irritation.

The earliest possible diagnosis of epilepsy, at the earliest possible stage of its development, is very essential and very important to a successful treatment. Convulsions from any cause, at any age, in any person, should

be regarded with extreme seriousness, and the possibility of the development of epilepsy in every such case should receive the most careful consideration. Recurring convulsions in the young, especially in those who are associated with a hereditary susceptibility to nervous disease, should be regarded as probably epileptiform in its nature. Most cases, if not all, of epilepsy are easily recognizable.

It is only necessary to remember that epileptiform convulsions also occur in cerebral disease, such as tumor, abscess and multiple sclerosis, but then these diseases can be easily distinguished by the condition of the patient between the seizures as well as by the presence of other symptoms.

Attacks of "petit mal" can be differentiated from syncope and vertigo by remembering the fact that unconsciousness is absent in vertigo, that the giddiness is of a longer duration and the return is more normal and more gradual. In Meniere's disease evidence of that disease and of the internal ear are present. In syncope, if there is loss of consciousness it is not so abrupt, not so instantaneous, and the dazed condition which is so characteristic of the recovery from an epileptic fit is entirely absent. Involuntary micturition is not present in syncope.

The differentiation of epileptic and hysterical attacks is one of utmost importance, and is not such a very hard matter even if the auræ and paroxysms of an hysterical attack should present similarities to epilepsy. In hysterical convulsions the spasmodic movements can be produced by will and are of quite a different form from the tonic spasm which constitutes the first part of an epileptic attack. You also do not find in hysterical convulsions the strong deviation of head, eyes to one side, while frothing of saliva (often blood-stained) from the mouth is absent. The rhythmical protrusion of the abdomen (coitus movement) is always present and is characteristic of hysterical attacks. In epileptic attacks the reflexes are increased; in hysterical attacks there is no increase in the deep reflexes and the Babinski reflex can not be obtained. There is no talking in epilepsy, while in hysterical attacks it is very frequent. The pulse is not much changed in hysterical attacks, while it is strongly accelerated and tension increased in epilepsy. The eyes in epilepsy are dilated and rigid, in hysterical attacks mobile and active. The epileptic attacks last from two to five minutes, the hysterical attack will last from a few moments to several hours.

Epilepsy does not shorten life, and even in the most aggravated cases seems to be consistent with some bodily vigor. Its influence upon the mind of the patient is quite different, the mind being affected in a large number of cases, the mild cases producing the most mental failures, and for this reason I will say a few words about epileptic insanity, which is of great importance. During intervals between the attacks many epileptics seem perfectly well physically and mentally. In fact, very many epileptics such as have few and infrequent attacks are very capable men, and history furnishes numerous examples of great men who suffered from this disease, notably Cæsar, Mahomet, Napoleon I., and John Jacques Rousseau.

Epilepsy is a long-lived disease. The intervals between attacks vary in

different cases. Some have attacks once or twice a year, others once a month or every week, or even a few times a week, and still others two or three times daily. The time of the attacks presents the same variation; some occur at night, others in waking state only, some others in waking and sleeping states. Minor attacks are mostly confined to the waking state only; they may occur many times during the day, and the attacks usually do not change from one state to another. While death very seldom results from the violence of a fit, it sometimes results from exhaustion in status epilepticus.

Epileptic Insanity: The connection between epilepsy and mental disorder is of great importance, and, like alcohol, epilepsy produces in time mental enfeeblement and dementia. In a patient insane from epilepsy it is usual for a fit or succession of fits to be followed by an attack of maniacal excitement which may present different degrees and variations. In fact, the terminal stage of epileptic dementia differs from that of other insanities by the presence of the fit. The enfeeblement of the mind becomes especially marked in those epileptic cases where the attacks are frequent or where they have been long continued. The attacks of insanity in the epileptic are mostly characterized by their sudden onset and short duration. In some cases the patients will develop hallucinatory delirium, in which delusions of persecution are intermixed with hallucinations of some frightful nature. Fearful visions of spirits are before them, or they are being burnt alive, they are being devoured by most terrific monsters, and, overpowered by extreme despair, the epileptic at this stage is a great danger and menace to those around him. In some other cases the epileptic insane exhibit religious delusions, such as being in constant communication with the prophets, with Christ, they visit heaven, reveal divine commands, carry out instructions of God. Epileptic dementia may reach an absolute stage, so that not even the simplest memory picture will remain in the vacant mind. The sensibilities of the patient become so diminished that he is absolutely indifferent to the needs of the body, and he must be cared for like the youngest infant. Motor memories suffer much, words and complicated movements are forgotten, and finally the patient loses the power of speech. Epileptic dementia may extend for years, but in all the epileptic dements do not attain great age.

While space and time will not permit me to enter into the subject of epileptic insanity as fully as I desire, just at present, I will make it a special article at some future date, when I will go into every detail as it ought to be done. Before taking up the treatment of epilepsy I must mention, however, the peculiar similarity which exists between the sudden insane impulse and the sudden convulsion of epilepsy. The sudden, irresistible impulse, the insane impulse, may be regarded and compared with the attacks of "grand mal," while others, which are slight and which the patient is able to overcome and subdue by his will, can be compared to and with the attacks of "petit mal." Another most peculiar resemblance in these two conditions is the fact that the accomplishment of the act relieves the insane impulse, and not infrequently the patient has no recollection of the act committed, which is very much alike to the automatic condition found in epileptics in which

they may travel, do things which they would never attempt to do in a normal state, and have no recollection of what they did. Neither can we overlook the fact that certain epileptics, instead of the epileptic attack itself, get paroxysms of violence, rage, and insane fury.

Treatment of Epilepsy: After obtaining as complete a history of your case as possible, remove all possible sources of peripheral irritation, as well as all abnormalities. Remove all ocular defects, worms, phimosis, adherent clitoris, constriction of sphincter ani—all these must be corrected at once.

During the epileptiform convulsion, unless the tonic spasm is very severe, the attack itself requires no treatment. Loosen the clothing and place a piece of rubber or cork between the teeth. It is not necessary to give morphine during the attack, and care should be taken that the patient is not suffocated either by foreign bodies getting into the trachea or by the tongue dropping back upon the glottis.

The diet of the epileptic is the next matter of importance. It must be an easily digestible diet, with no meats, and overloading of the stomach is to be avoided. Prohibit all salt smoked food; no tobacco, coffee or alcoholic drinks should be used. The suppression of salt in the diet of the epileptic has a very good effect and reduces the number of seizures as well as their severity.

The question of chronic intestinal autointoxication is a very important matter in every epileptic case, and it is necessary to maintain elimination by all possible means. While each and every case will require special study as to what particular diet is best for the case, elimination must be constantly borne in mind. The gastric and intestinal digestive powers should be examined with care and all errors of metabolism must receive due attention.

An allowance of fresh fruit, vegetables, butter, milk, eggs, all of the very best quality and properly prepared, is most necessary. Constipation, so frequently met with in these cases, must be overcome, and mild laxatives and hepatic alteratives should be used when necessary to obtain results. An overloaded colon will frequently induce a series of epileptic attacks from possible toxic absorption. I administer leptandra and iris every third day and follow this up on the following morning with a full dose of magnesium sulphate in half pint of water. Gastric and intestinal lavage is of value and may be administered.

To influence the seizures I use stramonium, solanum, adonis vernalis, pneumus boldus, verbenin, limulo. Stramonium seems to act with beneficial results in many cases where the fits occur at short intervals and periodically, and where the intervals seem to last about the same length of time. Solanum is a very good remedy in the "grand mal" of the idiopathic type, in epilepsy associated with numerous menstrual periods, as well as in cases of well advanced epilepsy. In fact, this remedy is far better than the bromides. In order to obtain results from solanum it must be pushed to its full physiological effect.

Verbenin is another remarkable remedy to be used in "petit mal." It controls the spasms promptly. It increases glandular activity. Pneumus

boldus, or the alkaloid boldine, should be given in conjunction with the two above mentioned medicines. Its action as a diuretic and cholagogue is quite marked. It increases the output of urea and the flow of bile and at the same time acts as a sedative upon the nervous system. The tincture of limulo is indicated in most cases of "petit mal" and especially in cases of young girls in connection with disorder of menstrual activities. It is also of special value in the nocturnal cases of the aged.

For senile epilepsy, in all cases where the heart is weak (arterio-sclerotic), it is necessary to use cardiac tonics in conjunction with the remedies mentioned, and here I give either cactus or adonis as indicated. I found that a fresh infusion of adonis (30 grains to 4 oz. water) will give the desired results.

The six weeks' opium bromide treatment of Fleischig I do not recommend, as I found that very few, if any, epileptics can stand it.

The treatment with large or small doses of bromides, as recommended in most text-books, has not found favor in my hands, and it is a question in my mind which is worse, to suffer from epilepsy or to become a brute from the administration of bromides. I have seen no results from bromides, and they fail more frequently than the other drugs, especially in cases developing late in life. In quite a few cases the symptoms become more aggravated after the use of bromides, while in these same cases good results were obtained from solanum, limulo, oenanthe or adonis. I insist on all my patients taking a pint of water or milk with the meals, and direct them to get enough sleep and spend enough time in the open air. Masturbation and sexual indulgence must be prohibited, and the danger of the former must be impressed upon your patient. Elimination should be maintained, and the urine examined from time to time. Strict hygienic rules must be laid down for every epileptic case, and their observance insisted upon. To offset attacks I found the following old procedure to bring fair results: Constrict the member from which an aura arises and administer a four drachm solution of hot water with a few grains of sodium bicarbonate, or the inhalation of a few drops of amyl nitrite may be tried.

Conium maculatum given in small doses previous to the expected attack will often abort a seizure. In certain cases of epilepsy due to reflex nervous irritation, cypripedium in slowly ascending doses will prove of unquestionable value. I administer five drop doses and increase slowly to sixty drops, repeated every hour or two according to case.

The question of operation in any case of epilepsy which is due to a definite cause, such as tumor, hemorrhage, or some injury, must of course be answered in the affirmative. Still, I consider that very few cases of epilepsy are operable, and true Jacksonian epilepsy, in which the diseased focus can be accurately localized and in which it is invariably cortical, and therefore within the operator's reach, present only two per cent of all cases (Stern, in *Amer. Med. Journal*).

In cases of idiopathic epilepsy, or in any case of epilepsy without definite indications, simple trephining has very seldom, if ever, produced any cessa-

tion of the attack. The treatment of any case of epilepsy is not an easy matter. It requires persistence on the part of both patient and doctor, and the physician must control the case absolutely. Examine and remove all lesions. Dilate sphincter ani, and pay attention to elimination. The diet is an important matter in each and every case. A weak and anemic person must get iron and a strong, nourishing diet, while a full-blooded and corpulent individual should have a light diet and eliminating waters. In the "status epilepticus" wash out bowels, give a high enema, and administer a brisk purgative.

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PILES CURED WITHOUT THE KNIFE.

Simon L. Katzoff, M.D., Bridgeport, Conn.

A hemorrhoid is a mass of varicose or dilated and sacculated veins at the anus and lower rectum, the usual situation being almost always the muco-cutaneous surface which joins these two structures.

Hemorrhoids are internal or external, depending upon whether they are developed within the sphincter ani or outside this muscle. Piles are called "open" or "bleeding" as they give rise to hemorrhage, and "blind" when they do not bleed.

Pathology.—The external pile constitutes a little circumscribed tumor. Commonly there is more than one of these. They may be so numerous as to form a more or less complete circle around the anus. The color varies from dark red to purple, the surface is smooth or lobulated, and the consistence is variously soft, hard or elastic, corresponding to the degree of vascular turgescence. In section they are found to be filled with venous blood, and if of long standing the cavity of the tumor may be intersected with a reticular growth of connective tissue.

Causes.—The predisposing causes are sedentary and indolent habits; luxurious living, especially the use of highly seasoned foods, wines and spirits; tight lacing; pregnancy; constipated bowels and diseases of the liver. Residence in moist, warm and relaxing climate; soft, warm beds and cushions, and over-excitement of the sexual organs may be classified among predisposing causes. The exciting causes include anything which irritate the lower bowel, such as straining at stool, hard riding, and the use of strong purgatives, especially excessive use of aloes and rhubarb.

Symptoms.—A sensation of fullness, heat, and perhaps itching, is felt about the anus. The swelling increases until small tumors form, which are sore and painful. These may be external and visible, or internal, and are often of a bluish color, and, when inflamed, they are very sore and painful to the touch.

Diagnosis of hemorrhoids is usually easy. It is very common for the laity, however, to mistake a variety of conditions, including simple pruritus,

eczema, prolapsus ani, polypus of the rectum, condylomata, and even fistula in ano, for hemorrhoids.

In prolapsus there is a smooth, symmetrical, complete annular protuberance more prominent than hemorrhoids, and, as a rule, less painful. It is also usually more easily reduced. The polypus is recognized by its pedunculated attachment, and the condyloma by its wart-like appearance and its light color as compared with red hemorrhoids.

Prognosis.—Usually favorable, particularly if the treatment be instituted early.

Prophylactic Treatment.—Consists in correcting constipation, in maintaining local cleanliness, and in combating predisposing causes as constituted by diseases of the heart and liver, or by pelvic tumors, including uterine enlargement. The natural aperient waters may be used, also other indicated remedies. Food is an important matter and should be given unusual attention.

Curative Treatment.—Consists in the application of astringent ointments, of which equal parts of ointment of galls and ointment of belladonna is sometimes a favorite. Simultaneously with the application of this, the pile itself should be carefully reduced and returned within the sphincter, the ointment being used in the manipulation as well as subsequently applied and properly retained by dressing. In certain cases in which the inflammation is very decided nothing can be accomplished until cold applications, such as ice water, or ice itself, are made to the part and retained there. Satisfactory results are greatly favored by the patient going to bed. If the inflammation has been reduced and the astringent ointment is insufficient, good results may be frequently obtained by applications of Monsel's solution of persulphate of iron applied with a brush once or twice daily. Dr. D. W. Samevays recommends the application of collodion to external hemorrhoids. The hardening of the collodion supports the pile and stimulates it to contraction. It is directed to be dropped on a few fibres of cotton wool, which are spread over the pile each morning after defecation.

A number of methods of curing piles without the knife are being used every day, among which may be briefly mentioned the following:

Method 1.—Make a thin paste of raw linseed oil and pure white lead, that shall be as thin as cream in consistency; anoint the parts, when protruding, twice daily.

Method 2.—In the early stages of this disease the stone root (Collinsonia Canadensis), specific preferred, is an effectual remedy and will often cure even in advanced stages.

Method 3.—Dr. Raymond's method is as follows: Equal parts by weight of tannin and glycerine, by anointing them with it once, and in severe cases twice daily.

Method 4.—Give morning and evening, eight to ten drops of the oil of

Canada fleabane (Erigeron Canadensis) on a little sugar; when the piles are down, mix one part of the oil with four parts castor oil and anoint them twice daily.

Method 5.—The simple remedy of common table salt is one that is unsurpassed for bleeding piles.

Method 6.—Sometimes when they have been neglected or improperly treated they become so seated and enlarged that certain doctors suggest the removal of the tumors. They suggest a piece of silk thread tied around the tumor and tightened from day to day, causing the tumor to separate in about a week or so. My own experience with this method in eight cases was unsatisfactory and I have discarded this method.

Method 7.—A tablespoonful of lard, heat it to the consistency of ordinary cream, and to this add about one-half teaspoonful of calomel; mix thoroughly and apply twice daily. (A very good adjunct.)

Method 8.—The injection method consists in shaving the hair around the anus, cleansing the parts thoroughly; then, after having the pile in firm position, inject with hypodermic syringe, carbolic acid, one part, and glycerine, two parts—just one or two drops in each pile, beginning with the smaller ones first. I have personally employed at least two hundred and fifty times the following formula, which I learned to use while at the Polyclinic in 1912: Carbolic acid, salicylic acid, aa, one and one-half teaspoonfuls; sodium biborate, one teaspoonful; glycerine (sterilized), q.s. to ounce 1.

Another ointment which can be applied to the piles after the injection is the following: Tannic acid ointment, belladonna ointment, stramonium ointment, of each ounce 1.

Various suppositories are now on the market which give relief, but are only for temporary use and can not be depended upon when a cure is desired.

The patient should avoid coffee, spices, stimulating and highly seasoned food, and the habitual use of beer, wines and spirits. Sedentary habits and much standing on the one hand, and extreme fatigue on the other, are harmful, as is also the use of cushions and feather beds. The pain attending blind piles may be relieved by washing in cold or tepid water, whichever is found more agreeable. Bleeding piles may sometimes be relieved by drinking one-half a tumblerful of cold water and then lying down for an hour or more. Great relief and permanent benefit will also follow an occasional injection of about a pint of quite warm water in the bowel. This acts beneficially by constricting the blood vessels, softening the feces before evacuation and by giving tone to the relaxed structure. Injections of water are also of service after each evacuation, when any feculent matter remains; at the same time the application of water exercises a very favorable influence on the blood vessels and nerves of the bowels.

TEXAS STATE BOARD NOTES.*

M. F. Bettencourt, M.D., Mart, Texas.

At the request of our president, an attempt will be made to summarize to you the work done during the past year by the Texas State Board of Medical Examiners. In the statements to you at our last meeting an effort was made to picture to this body the general methods employed in conducting the State Board examinations and other generalities in connection therewith. This time we expect to go a little farther. In addition to a brief discussion of the work of the year just past, we shall also consider some of the things which we see outlining in the dawn of the immediate future. They are problems which must be faced, reasoned out and solved as can best be done. Your assistance in so doing will be of material importance.

The Examining Board is a representative body endeavoring to serve to the best of its ability and judgment three great causes: the State of Texas, the various recognized "schools of medicine," and medicine in general. In serving the State every member works for one common interest—that which he deems best for the State. In serving the various schools in medicine it becomes the duty of each member to safeguard unselfishly the best interests of the school he represents. It therefore resolves itself that as members of that Board we simply act as your representatives, and as such you are not only entitled to know what we are doing, but it is our duty to bring fresh to your minds, in so far as we may be able, the growing demands of the times, so that in turn you may acquaint your representatives with your views, ideas and desires and give them your advice that they may the better be enabled to serve you as you consider best.

As regards this second duty—that to our schools—it is indeed a pleasure to inform you that to us it has been a most pleasant one. Never yet during our term of service have we seen any act uncreditable to any member of the Board. It has apparently been the unanimous desire of all to deal squarely and unselfishly with each other and to give due consideration to the legitimate requests of any member irrespective of school. Underhanded methods have never shown themselves. "Harmony" has been the slogan, and it has reigned supreme. Incidentally, as illustrative of this harmony, it might be stated that the Board had set the time for its fall meeting at a time which conflicted with the date for this meeting, and upon the request of the secretary of our association the Board, without an argument or a dissenting vote, postponed its meeting for one week. The reason stated for this change was "that the eclectic and homeopathic members might be able to attend the meetings of their respective associations." The better one knows men the more good qualities he finds in them. If all the old school knew the minor schools as do their members on the Board, there would be far less antagonism because of existing differences. It is certainly to the credit of the minor

* Read before the Texas Eclectic Medical Association, at Waco, Texas, Nov. 9-10, 1916.

schools that existing conditions are not due to narrow-mindedness on their part. To the credit of this association be it said that it has always been broad enough in its views to bar no one from membership in it because of his school affiliation, its only requirements having been that the applicant be a legalized practician of reputable character and of the white race. May its broad-mindedness ever continue, and may its portals be never narrowed.

Before entering into the more abstract things to be considered, it will be well to touch upon the result of the year's work by the Board. So far this year the spring examination only has been held. The fall examination will take place in Fort Worth the coming week. The percentage of successes is usually greater for the spring examinations than for that in the fall. This may be accounted for by the fact that the applicants are, as a whole, more fresh from their studies and the percentage of applicants for re-examination is also smaller. The failures as a rule are in the primary or the so-called "minor" branches—the subjects of the first and second years of medical study. It would be well for all applicants to remember that with the Board there are no "minor" branches—they are all of major importance, and failure in any one of them counts as much as upon any other.

Ninety-two took the June examination. This was a comparatively smaller class than usual in the spring. The higher educational requirements likely give an explanation for the decrease in numbers. Out of the ninety-two applicants there were twelve failures—a little more than 13 per cent. The grades made ranged from 62½ per cent to 93 percent. Of those who made a passing grade, fourteen made a general average of from 75 per cent to 80 per cent; fifty-nine from 80 per cent to 90 per cent, and seven from 90 per cent to 93 per cent.

We now desire to call your attention to several things which we consider of much importance. We desire that you think about them because they are matters to be met in the very near future, and any ideas or any advice you may have to give will be appreciated.

Along all lines this is a progressive age—we are living in a history-making epoch. In all things advancement has become the watchword. The day for haphazard methods is gone forever. This is a day when men must think wisely and act yet wiser or be trodden by those who look forward and advance. Power is might; it knows no pity and feels no woe. The "old school" is at the helm and holds within its grasp the power to dictate much of what shall be in the days which are approaching. It is planning much that is wise and good and much that is selfish and detrimental to others.

The same laws govern all schools of medicine in Texas, and all must come up to one common standard. The idea of States' Rights is stealthily being converted into a national idea. In medical matters the idea is a common standard for the nation. In some States the standard for medical education is greater than in others. Texas has kept well within the two extremes.

With the advent of each year the requirements for the medical course become greater. This advancement, if not too rapid for the newer States

and if not carried to extremes, is a wise provision. Yet unfortunately, as a result of this rapid advancement, the day is not far off when medicine will become the rich man's profession and the ambitious poor will be barred from it because of their financial inability to cope with its demands.

In addition to graduation from a four-year high school or its equivalent, Texas, like the majority of other States, requires an additional year of college work in physics, biology, chemistry and a modern language. This is termed the premedical year. A number of States require two such years before matriculation in a medical college is possible. The time is now near when in addition to this, a hospital year, following the four years of medical course, will be required. In fact, this is already the case in several States, and two years of hospital work are being advocated by some. Six medical colleges in the United States will hereafter require the hospital year before granting the medical degree, and three State boards have adopted this requirement as the minimum for future applicants for license. This will, in turn, demand a classification of the hospitals of the country similar to the classification of colleges. In fact, the Board of New Jersey has already standardized the hospitals of that State and prescribed the minimum requirement for those hospitals as a step toward the fulfillment of its requirements for the fifth or hospital year. This move has the co-operation of the American College of Surgeons, and the Council on Medical Education of the American Medical Association is about to begin the inspection of the various hospitals of the nation for the purpose of classifying them. The Carnegie Foundation has lent material assistance in pushing the work with a donation of $30,000 for the purpose. It is plainly evident that this additional requirement will soon become law. The American Medical Association is, of course, back of the move, and the object in view is, as they express it, fewer colleges and better colleges. Some will tell you that it is only a fulfillment of that natural law which predicts the survival of the fittest. Remember, however, that the fittest in this case is a judging by dollars and cents. The colleges with sufficient financial backing—university affiliation, endowment, or some other form of efficient financial support—will naturally be favored and the effort will be made to "wipe out" as unfit those not so fortunate. As far as real merit goes, this will be a poor way of judging; yet it is the way which will be followed out. Dollars and cents will decide. State Board tests prove that it is not necessarily the graduates from the "highest class colleges" that make the best showing. Yet what better evidence of real merit and efficiency has a State Board to depend upon?

One other matter of great import is staring the minor schools in the face. As far as these schools are concerned it is indeed a dangerous and formidable foe. It is ushered in under the guise of the "National Board of Medical Examiners." The ultimate aim of this new creation is to finally become the autocrat of the medical profession. This it expects to do by having its certificates recognized by the various State boards as equivalent to their own licenses. Theoretically it would be a good thing if it did not centralize all power and thereby make itself absolute. It is a one-sided concern. Every

cell in its crooked make-up carries with it the motto, "Death to all but the favored few." It aims at the annihilation of the minor schools. It portends an evil omen; it is a mighty enemy deserving of our sharpest steel. It is loudly knocking at the door of the various State boards for recognition. Some have opened the door wide and let it in. I am glad to inform you that Texas has answered it by placing an extra bar behind its gate.

Three of the members of the Texas State Board met at Chicago this year with those who are interested in the move, in order to become better acquainted with the new-born monster. Two of these gentlemen were representatives of the old school, but such was the impression received that all three returned bitterly opposed to it and all it stood for. As a result the Board went unanimously on record as unqualifiedly opposed to it, and agreed to give its licentiates no reciprocity recognition. Every member of the minor schools should use his every effort against it. We base our opposition upon the following facts which we present for your consideration:

1. The National Board of Medical Examiners is a self-constituted board of fifteen, selected as follows: two from the Army, two from the Navy, two from the Public Health Service, and nine at large; all members of the American Medical Association.

2. Nominally, three of the latter nine are to be chosen by the Federation of State Medical Boards; none, however, have been selected.

3. A Homeopathic or Eclectic physician may be appointed; none have been appointed.

4. It is supported by a donation of fifteen thousand dollars annually from the Carnegie Foundation—an institution hostile to every system of medicine except the dominant school.

5. The Board is "national" in name only. It has no connection with the Federal Government.

6. The *Journal of the A. M. A.* (page 745) says: "Since it is a voluntary board, its certificates need not be accepted by any State licensing board unless it sees fit to do so."

7. The examination will last ten days and cost fifty dollars.

8. Only three of the nine boards which have the legal power have agreed to recognize its certificates.

9. The graduates of but thirty-three Class A schools (requiring two pre-medical years) can be admitted to the examination. The remaining sixty-two colleges can not be admitted.

10. The graduates of but one Homeopathic and no Eclectic college can, under present conditions, be admitted to the examination.

Gentlemen, self-preservation is the first law of nature. We know we have a right to live, but this right carries with it no assurance of our safety. In these perilous times we must entrench, fortify, and, as much as possible, defend ourselves. We are not in the position of dictators. We must fight unjust legislation to the extent we are able and maintain our fitness for continued existence by keeping abreast of the demands of the times. Our environments are rapidly changing, and those laws which, in our minority,

we can not prevent being enacted, we must to the best of our ability abide by. Let us ever keep in mind the proverb: "Close the barn door before the horse is gone." Suggestions as to the means to be employed in shutting that door and keeping it shut will always be thankfully received by those who are endeavoring to serve you.

CÆSAREAN SECTION.

H. H. Helbing, M.D., St. Louis, Mo.

Owing to differences of opinion among surgeons as to the advisability of doing this operation, I thought it wise to give my ideas, founded upon personal experience as well as research among surgical journals.

As we all know, there are two routes from which we approach the uterine cavity. They are the abdominal and the vaginal. We may select the intraperitoneal or extraperitoneal method if we adopt the abdominal route.

Many abnormal wrongs may indicate the urgency of Cæsarean section. Contracted pelvis, deformed pelvis, uterine myoma, eclampsia, toxemia of pregnancy and placenta previa are some of these wrongs. Some surgeons advise it when there is tedious labor, that is, of three or four days' duration. If the dystocia is due to malformation, then it is absolutely necessary, in order to bring about the best results to both mother and child. If there are inefficient contractions of the uterus, it is our duty to give pituitrin in small doses, that is, one-third of one c. c. every hour or oftener, and adopt all known means of medication in order to produce expulsion of the fetus. Failing in this, we have to choose Cæsarean section or high forceps as a means out of the dilemma.

I am speaking now of an L. O. A. position. It has been the custom to resort to forceps in all these cases, without reserve. I can readily see the reason for this, and that is the lack of hospital facilities, which should be absolutely necessary for performing a Cæsarean section. Notwithstanding all this, I believe we are in duty bound to examine our cases carefully and learn to distinguish between a forceps case and one requiring Cæsarean section.

This was brought forcibly to my mind years ago when I attempted to deliver a woman with forceps, which resulted in a ruptured symphysis pubis, a deep laceration of the anterior vaginal wall, with fatal consequences to both mother and child. Both might have been saved if Cæsarean section had been performed. So I say we should weigh the consequences that may follow, and try to decide which is apt to give us the lesser mortality.

It is true that our first consideration should be the mother, but in the light of modern methods this surgical procedure gives us as low a maternal mortality as does a difficult forceps delivery, with the added assurance of a much lower mortality for the children. When we take into consideration the lacerations and infections we are liable to have with chronic invalidism to follow a high forceps, then our conclusions are readily in favor of Cæsar-

ean section. I will admit that it requires keen judgment to know a forceps case from one requiring Cæsarean section, especially if we have reason to believe there is no deformity present. Given a case in which the woman has been in labor for from twelve to twenty-four hours, indicated remedies have been given to promote expulsion of the fetus, and yet the head does not become fixed in the brim of the pelvis and there is but little if any dilatation of the cervix, and I believe we have a case demanding Cæsarean section, this in addition to the abnormalities stated above as indicating this operation.

Even if it requires removal to a hospital, consuming six to twelve hours more, it will beget a more favorable outcome than to perform craniotomy and use forceps, as is the vogue in most rural communities and inaccessible places. In an emergency it were better to call a surgeon to the country and do the work with the assistance of a trained nurse, than to sacrifice the child's life and jeopardize the life of the mother by craniotomy and forceps. We should absolutely decide our plan of procedure before we attempt delivery. Never attempt forceps delivery with the idea if it fail we may resort to Cæsarean section, because it complicates the situation very much, for the mortality is practically doubled if Cæsarean section is performed after an attempted forceps delivery. In fact, it practically necessitates a hysterectomy in order that we may save the life of the mother. There is one exception that may be taken cognizance of in deciding the method of procedure, and that is the death of the fetus in utero. In such a case craniotomy is admissible.

A striking illustration of how a patient may be moved to a hospital and operated on successfully is demonstrated by a case I had April 19, 1915. Mrs. P., age 23, living in Salem, Mo., had been in labor for five or six days when I was called. She gave a history of having menstruated the last time on August 10, and was therefore due about May 17. The doctors in attendance said that upon inserting the finger no cervix could be found. An examination revealed the correctness of their statement. The finger entered the bladder, there being a bifurcation of the vaginal canal. Owing to the fact that there was an abnormal vaginal canal and that the patient had been in labor for so long without progress, we concluded that a Cæsarean section was the only way out of the difficulty. The fetus was viable; the patient had not become exhausted, owing to the fact that opiates had been used to ameliorate the pain.

In order to remove her to the city that same day, it was necessary to take her across the country about twenty-eight miles in an auto to Rolla, Ill., 111 miles from St. Louis. Immediately on reaching the hospital at St. Louis the operation was performed. The intraperitoneal abdominal route was chosen, and after the child was delivered the vagina was explored from above downward. It was found that the vaginal canal met the urethral canal before reaching the vaginal orifice. It was thought impractical to at this time attempt to enlarge the vaginal canal, and, owing to repeated examinations having been made, with the possible danger of infection of the field,

it was thought unwise to leave the uterus, so a hysterectomy was performed. The patient went home thirteen days after the operation, recovery being uneventful with the exception of an abscess in the abdominal wall developing after being home. The baby as well as the mother is living and healthy.

Judging from this, we have reason to believe a patient may be moved to suitable environments with impunity and with the expectation of a more favorable outcome than we would have were we to adopt a questionable procedure immediately at hand.

There is one wrong that might jeopardize the life of the patient were she moved, and that is placenta previa, whether it be centralis or maginalis. If we were in the country without facilities for doing a Cæsarean section, and no experienced surgeon within immediate reach, then it is necessary to forego the advantages to be gained by a Cæsarean section and adopt the best means at hand for terminating the case.

The same may be said of the toxemias of pregnancy that have reached the mania stage. In either of this form of cases it were well to place the patient in suitable environment during the period of gestation, so as to be ready for the emergency when it arises. I know that in placenta previa there is objection to Cæsarean section, the method heretofore always having been tampon and forcible delivery, and we can get by in this way; but the question arises whether Cæsarean section will not yield better results to the mother as well as the child.

In transverse, a shoulder or other mal-positions, the question will arise as to whether we will perform podalic version or a Cæsarean. This will depend upon circumstances and surroundings. If in a hospital or in a city accessible to a hospital, where there is little or no dilatation of the os after several hours of labor, Cæsarean section is to be preferred.

In the face of facts indicating a mortality that is practically nil, this operation is not fraught with the dangers that it formerly was. Deaver of Chicago says that it is conceded by everyone that certain contractions of the pelvis, only, are indications for Cæsarean section or hysterotomy, but he advocates it in placenta previa, toxemias of pregnancy, some cases of pyelitis of pregnancy, in some cases of sub-mucous fibroids, in cases of unexplained bleeding in middle-aged females at or near the cancerous age, and in cases of prolapse of the cord with a living child and a rigid and nondilatable cervix.

He also suggests certain rules of technique to be followed: (1) Rigid asepsis; (2) careful delivery and walling off of the uterus from the general peritoneal cavity; (3) early operation before manipulation from below has sapped the patient's strength and introduced infection; (4) careful closing of the uterine wall if the uterus is left. Out of sixty-four cases of hysterotomy for various wrongs, some not due to pregnancy, not one patient died.

The selection of the route for operative procedure, to my mind, depends upon the experience of the operator and condition of the patient. The extra-peritoneal abdominal route, to my mind, is the one of choice. Should we attempt to enter the uterus suprapubically, and owing to inability to push the

bladder down and the peritoneal reflection up off the uterus sufficiently to enter the uterus by a small incision, then it will be necessary to open the peritoneal cavity, of course, in order that we may extend our incision upward and thus make the uterine opening large enough to extract the child.

It is always wise before beginning the operation to administer 1 c. c. pituitrin hypodermically in order to have strong uterine contractions while the operation is proceeding. This obviates hemorrhage and gives us a firm uterine wall in which to place our stitches.

The vaginal method, which consists in splitting the anterior lip of the cervix, in the meantime pushing up the bladder from out of the way, and performing manual delivery, is one to be adopted where the environment is not suitable for abdominal method, where you have reason to believe the field is infected, or the patient is unable to stand more shock, such as would ensue were we to perform abdominal Cæsarean section.

CONCLUSIONS.

1. There should be resort to Cæsarean section in all cases of contracted or deformed pelvis.

2. The operation is best performed about the time of a full term pregnancy.

3. Cæsarean section should be the operation of choice in all complicated cases enumerated above, but the surrounding conditions should figure in the choosing.

4. A viable child figures largely, in our concluding to resort to a Cæsarean section.

5. The extraperitoneal abdominal method is the preferred technique.

6. The uterine wound, after being securely stitched, should be covered with omentum or bladder to prevent possible leakage or adhesions.

7. In cases where there has been infection from below, and we have opened into the peritoneal cavity, a hysterectomy should be performed. In contracted pelvis, myoma or other wrongs that are likely to cause complications, if future pregnancies supervene, a hysterectomy should be done.

8. Under any other circumstances the uterus may be left with the expectation that there may be no complications if pregnancy again takes place.

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REPORT OF A CASE OF LICHEN PILARIS.

George Edward Perkins, M.D., Boston, Mass.

Although keratosis in different forms is more or less common, one form is very rare, viz., lichen pilaris. According to Crocker, who first described it, the affection is limited to infants and children.

Lichen pilaris first occurs as an inflammatory condition, with red, conical, pinhead papules, containing in the center an epidermic plug or spine. This spine projects about one-sixteenth of an inch, and when picked out leaves a small depression. As the disease progresses the inflammation gradually subsides and the papules become the color of the normal skin.

The lesions are diffuse and symmetrically distributed, the common site being the back of the neck, extensor surfaces of the arms, abdomen, buttocks, back of thighs, and popliteal spaces.

Case of R. M., age two and one-half years; sex, male. History shows no diseases of childhood except as follows: At birth a slight eruption was present on the neck, arms and legs. This was a papular lesion and gradually increased on the right side, becoming dry and horny. The papules were densely crowded together and extended in large, irregular patches, gradually becoming the color of the normal skin.

Examination now shows areas on the back of the neck, extensor surface of the right arm, and hand, right thigh, right buttock, and popliteal space, covered with a pinhead, conical, horny, papular eruption. The color is that of the normal skin or a little darker, giving the appearance of dirt or dust on the skin. On removing the plugs a small depression is left.

Treatment consisted of a good, nourishing diet, plenty of outdoor exercise, daily cleansing bath at night of warm water and soap, scrubbing the areas affected to remove all the plugs possible. In the morning a cool sponge bath was given.

No internal medicine was given. Externally an ointment of resorcin and salicylic acid, three drachms each to the ounce of petrolatum, was used to peel the epidermic plugs and papules from the skin. In seven days the rough, horny areas were removed, and a soothing ointment was applied, as there was considerable inflammation of the surrounding tissue. When this inflammation had subsided, an ointment of salicylic acid and sulphur precipitate, one-half drachm each to the ounce of petrolatum, was used for a few weeks. At the end of this time the skin was smooth and clean.

DISASTROUS REFLEXES FROM OBSCURE PATHOLOGY.

Benj. E. Dawson, M.D., Kansas City, Mo.

A reflex is an action induced by a message over an efferent nerve of an impression conveyed to a nerve center by an afferent nerve. Reflex actions are involuntary, and are of two kinds—those in health and those in disease.

The former are regular and have a purpose in view; the latter are irregular and purposeless. It is the latter only with which we shall deal in this paper.

When a stimulus is applied to the terminals of an afferent nerve, the impression is conveyed along that nerve to a reflex center, then back over an efferent nerve, it may be, to a remote part of the body, and an action produced, differing in kind from the stimulus, but corresponding with the function of the efferent nerve so affected. From the reflex center the message travels along the line of least resistance, and may ring up reflexes in any remote part of the body. For illustration, we often have frontal headache from gastric irritation; occipital headache from renal irritation; pain in the top of the head from uterine or prostatic irritation; also spasms from teething and worms in children; epilepsy from sexual irritation, and trismus from penetrating wounds.

I know of no department in the whole realm of our science that is more fascinating, more interesting, more helpful, than a study of the reflexes. Your therapeutic application is guess-work largely in proportion to your ignorance of the law of reflexes.

I find it very difficult to convince the members of our profession of the importance of a close study of the fine, obscure, pathological conditions often found in the pelvic organs and their outlets. Anyone can find gross pathology that the patient complains of, but it is hard to get one to realize that serious and painful conditions may result from little, fine pathology, of which the patient is wholly unconscious. Some of the worst cases of neuroses and psychoses are dependent upon just such pathological conditions. If a hotel is properly wired and belled, with the push of a pin-point one can make two hundred guests jump out of bed at the dead hour of night. So it may be in the bodily household; the impingement of a fine microscopic nerve terminal, in a small rectal papilla or pocket, while causing no pain at the point of impingement can send up a constant cry to the abdominal brain, from whence it is flashed to organs, resulting in a visceral wrangle and general discord.

Surgeons, as a class, are frequently poor philosophers and superficial thinkers. They may be good mechanics, skillful quilters and patchers, understand anatomy, and yet fail to reason from cause to effect—do not comprehend that which can not be seen with the eye or felt with the fingers. Had the distinguished surgeons who operated on Mr. Post, the millionaire manufacturer of breakfast cereals, understood this great thought, doubtless this noted manufacturer would be alive and happy to-day instead of filling a suicide's grave.

I wish here to call attention to a few anatomical and physiological facts upon which rests the importance of these obscure pathological conditions. All the lower openings of the body—anus, vagina, urethra and uterus—are doubly sphincter guarded. The external sphincter is supplied by the cerebro-spinal nervous system, and the internal by the sympathetic nervous

system. The sympathetic system concerns itself with the life of the organs and presides over the visceral economy. It is endowed with a peculiar rhythmical phenomenon. Pathology in tissues supplied by the cerebro-spinal nerve is manifested by pain, while pathology in tissues supplied by the sympathetic is manifested by disordered function.

The obscure pathology to which I refer is found in a long or tight prepuce, a short frenum or small meatus, pockets or papillæ in the rectum, a tight or rigid sphincter, a misplaced uterus or scar tissue in a lacerated cervix; adherent, long or tight hood over the clitoris; in fact, any condition that impinges sympathetic nerve terminals.

Observe a case of lacerated cervix; disease of the female organs is a slow, continuous process, and progressive; it is an evolutionary process. Chronic disease of the generative organs creates malnutrition in the digestive tract by disturbing its normal functional rhythm and by reflecting irregular rhythms into it during its time of rest and repose. In lacerated cervix the first stage is irritation (infection), resulting in endometritis, myometritis, endosalpingitis. This long-continued irritation, sending continuous messages to the abdominal brain, where they are recognized and sent out over the digestive tract, appealing to the plexuses of Meissner and Auerbach, induce too much, too little or disproportionate secretion, resulting in indigestion, which is the second stage. Indigestion long continued simply spells malnutrition, which is the third degree. Anemia is the fourth stage, which logically follows. The nervous system having been bathed in waste-laden blood for years, neurosis or psychosis presents itself as the fifth stage. This evolution usually requires about five years. How many of our specialists in nervous diseases would think of delving down through the rubbish to the foundation to find the chief cornerstone in his cases of neurasthenia? Or how many of our so-called alienists would exercise the horse-sense used by the country boy in tracking rabbits through the snow, in tracing back to the place whence this demon of insanity came? Not more than one in five hundred. And yet, from a large personal experience and observation, I believe that 75 per cent. of the inmates of our insane asylums could be clothed in their right minds and sent home happy if these reflexes were understood and the remote cause removed. I am certain that I am very conservative when I say that 50 per cent. of the epileptics could be cured by this same method, while the doctors continue to give bromides and talk of trephining the skull.

It is also worth remembering that these reflexes travel over the life wires that reach into the cave of the winds from whence come love, hatred, benevolence, jealousy, virtue, lust, etc. Therefore, these reflexes can reach the moral as well as the physical and mental being. If a child is color blind, our pity is aroused, and we ask if there is not a remedy; but if it is truth blind, we call it a liar and wish it to be punished. Why is a child untruthful from the time it begins to talk, yet reared in a family of truthful

children, by the same parents, under the same environments? Why is it we have a black sheep in such a family? Why is it that some children will masturbate in the tender years of infancy? But few parents or teachers realize that such children need a doctor, or teaching and training will be almost useless.

What a boon it would be if the medical fraternity could be made to realize the potency of this work in changing lust into love, sensuality into a healthy sexuality, envy into benevolence, and placing the clear lens of truth before the eyes of the untruthful. Do not understand me as abrogating teaching and training. After the nerve impingement is relieved, the physical and mental cases will need after-treatment, and those in the moral realm must have restraint, teaching and training the same as a normal child.

A mother brought her daughter, seventeen years of age, to me for treatment. She was a neurasthenic, fidgety, crying much without knowing why. She had an adherent hood embracing smegma, a tight rectum, one labia minora was about three inches long by three-fourths of an inch wide. It was hanging down between the thighs, tugging at the clitoris with every step. The other labia was absent. I advised orificial correction, explaining to the mother what was needed. She was advised to consult other doctors. She took her daughter to a rectal specialist, who said he could find nothing to operate for. She then took her to a noted surgeon, who said the same, but told the mother she might try rectal dilatation with the graded dilators. When his attention was called to the long labia, and told that I had advised amputation, he laughed and remarked that some people had long ears that stood out, why not amputate them? He did not exercise his reasoning faculty above that of an oyster, or he would have thought at once of the sympathetic nerve supplying the one, while the cerebro-spinal supplied the other. Here is a nice, pure girl, who will likely take one of three roads: She will go to the operating table, the insane asylum, or the red light district.

Last July, my son, Dr. L. V. Dawson, was called by wire to LaJunta, Colo., to meet the train which was conveying an insane young lady from California to Missouri, in order to obtain his services for her relief. She was confined in a state room in a Pullman, and was raving furiously, as only a maniac would. She had kicked the window out of the car and required four assistants to hold her while he gave a hypodermic to quiet her. She had been in an asylum for some time in California. Her family, knowing of other cases of this kind that were cured by this work in my son's hands, decided to bring her to him, as the alienists there gave an unfavorable prognosis. After they arrived in Missouri, he operated, relieving impingement of sympathetic nerve terminals in the lower openings and pelvic organs. After the operation she came from under the anesthetic 100 per cent. mentally, and has remained so ever since. She is now back in California, teaching the same school she was teaching when she lost her mind.

At my son's request she recently went to the asylum where she was confined, and obtained a copy of the record of her case, which she sent to him. This I was permitted to read. The diagnosis was dementia precox, prognosis unfavorable; treatment, sedatives with hot baths; continually growing worse in the asylum. The pathological factor in the case was obscure, subconscious and never thought of by those who had her in charge.

Some five years since, a boy, eleven years old, was brought to me for treatment. He was extremely nervous, could not be still half a minute at a time. Was falling behind in his studies at school; had become so cranky and mean that his mother and aunts could not control him and were afraid of him. They said two of the best surgeons in Kansas City had circumcised him a few years previous to that time. I found a small, pin-hole meatus, a very short frenum and tight sphincter. He was put under an anesthetic and the needed orificial correction made. That work transformed this boy into a quiet, nice little gentleman. He soon caught up with his studies. This last winter he kept up well in school and earned about twenty-five dollars per month working out of school hours. He never complained of pain or trouble of any kind at the stations where the reflex trains were made up. The reform school, or a severe master, might have subdued this boy, but would he have been cured?

A boy, eighteen years of age, was brought to me with epilepsy of twelve years' standing. It was grand mal, ten to fifty fits a day. For several years he required a constant attendant, day and night. His eyesight had failed, so that he could not read ordinary print. His hands were unsteady, so that it was with difficulty that he fed himself. Orificial correction stopped the fits at once. In three days he could read the daily paper and hold a glass of water with a steady hand. In ten days his father and mother, who came with him, went home and left him at the hospital. In three weeks he returned home alone, a distance of three hundred miles, with a change of cars, and wrote me a letter, telling of his safe arrival. I regret to add that this case returned to me, as his parents would not or could not control him and failed to follow the after-treatment. I finally refused to have any further responsibility in the case.

I could relate a number of other cases of epilepsy permanently cured. While this one was a failure, it was the worst case I ever saw, and fully demonstrates the potency of this work and the fearfully disastrous reflexes that may be sent out from obscure pathological conditions.

Many other cases could be related covering the various phases of reflexology, corroborating the foregoing statements, but these four must suffice. They have been selected at random from a long list of many such cases.

DISCUSSION.

Dr. F. L. Wilmeth: I would like to ask Dr. Dawson how he would attach a hemostat to an artery and not impinge the sympathetic vasomotor? I would like to see how he could do that.

A Member: What do you think of the injection method for hemorrhage?

Dr. F. M. Andrus: The doctor speaks of cutting off the broad ligament by throwing a loop around the blood vessels. He also speaks of the Mayo clinic and their handling of certain tissues and glands. I believe the latest technique in the larger clinics in that kind of work is to remove your broad ligament and grasp the blood vessels themselves and tie your ligature afterwards covering the stem of the blood vessels with the perineum of the broad ligament.

On the subject of removal of piles, I want to mention a method—the exposure of the hemorrhoid without the use of the speculum, grasping the hemorrhoid at its base, pulling it down, making an incision at the mucocutaneous conjunction, and, with blunt scissors, enter through this incision, snip the pile to pieces, compress it a moment, clasping the pile and squeezing out the blood clot at the same time, and using no ligatures whatever, allowing the sphincter to remain intact and with consequently no pain afterwards.

Dr. O. C. Baird: I am afraid that Dr. Andrus would make a good many papilla for the doctor to remove. I would like to say that it seems to me in the Post case that the doctor has mentioned that if there had been novocain or something to prevent shock used, he would not have suffered. If he had been under a local anesthetic to prevent shock his life would not have gone out during the operation, even though the nerve were impinged in the process.

Dr. B. E. Dawson (closing): Answering Dr. Wilmeth's question as to how I would use a hemostat favorably to grasp an artery without impinging the nerves, if he listened to my paper he remembers my objection to grasping a great bunch of tissue around the artery in order to stop the hemorrhage. When you grasp a live artery you have very few nerves, but when you grasp a bunch of tissue you impinge the nerve plexus.

As to the injection method, I used it for a number of years. It is very efficient, but the patients suffer more pain, it takes a longer time, and I rarely ever use it any more.

In regard to the technique of the Mayos, I am not criticizing their technique at all, but they neglected the orificial surgery that man needed in his rectum and sex organs. If they had released the impingements that were there before they got hold of him they would have stopped the reflex to the man's brain and lifted the cloud and he would have gone home a happy man. I was not criticizing the Mayos' technique or their operation, for perhaps they did not impinge the nerves. I am talking about what they left undone.

In regard to Dr. Andrus, I would not like to undertake to remove piles without dilating the sphincter. Sometimes I dilate before and sometimes afterwards, owing to the kind of pile. It is rarely necessary to use a ligature to stop your hemorrhage when it is below the upper border of the internal sphincter. But why it is that with these methods that we have to-day of going three or four inches up the rectum, that men who are wonderful surgeons will recommend that old clamp that is barbarous and cruel and unscientific, I do not know.

SOME OBSTETRICAL DON'TS.

O. C. Baird, M.D., Chanute, Kan.

Don't go, when called to an obstetrical case, if you have just come from the treatment of any questionable or eruptive fever, without much care in cleansing, fumigating and changing everything, including clothing, lest you may expose mother and child at this most susceptible period to that which may terminate unpleasantly, and you will be to blame for results.

Don't go to a case of obstetrics, under any circumstances, from the treatment, handling or examination of what you know to be, or suspect is, an erysipelas case, in less than twenty-four hours' lapse of time, regardless of methods of fumigation resorted to. You will probably have a very unpleasant case of puerperal fever if you do. Unpleasant, because it is often fatal, and any effort to prevent this malady is commendable, and anything short of the effort is criminal.

Don't go to an obstetrical case directly from an unclean or pus case in an abortion, or in other cases of similar nature, without scrubbing and cleaning most thoroughly; and, to be absolutely safe, change your clothing, and even your whiskers for no whiskers. It is true that childbirth is not a disease, nor is the lying-in chamber a sick-room, properly speaking; yet the lack of the most painstaking and careful guard and prevention against inoculation and infection by the physician, quite often make them so.

Don't sit for hours allowing a primipara to suffer severely for a long time with very slight or no progress, when a one-eighth or one-fourth morphine, or combination hypo, or a half strength H. M. C. will soothe and quiet her and at the same time hasten the process of dilatation and augment the preparation for that which is to follow. By so doing you allow the patient to rest, perchance sleep, take nourishment, and you brighten this especially dark corner for one in need. In a few hours, gradually and normally the pains return, which are less painful and more easily endured, and rapidly carried to consummation.

Don't be afraid to give the modified twilight-sleep method when requested to do so, providing you have the time to devote to it and especially when not contraindicated by an advanced condition of dilatation or a hastening to a rapid termination of the process.

Don't sit with your feet on the table, smoking, and allowing the "woman to do the work, do the work," while the patient is shuddering with pain, needing encouragement in fear, and support in weakness, much of which you can accomplish with a slight effort with your presence. By so doing you can modify that which is never other than severe even at the best. When you have done all you can for relief with your encouragement, your sympathy, your support and direction—only doing with your might what you may perceive to be necessary with the delicate eye of an obstetrician.

Don't allow any other but yourself to direct the care of the baby, the care of the mother, and the care of the bed. To do so may lay you liable by the result of careless handling of your nurse.

Don't give chloroform to the 13,000th case of obstetrics, but give it to every one as is indicated up to that number, and always insist upon it in the first confinement, and in the second insistence will be unnecessary. She will thank you many times.

Don't use the forceps method of delivery when there has been lack of pains, until you have first used pituitrin. First, for the reason that often then you may not need the forceps; secondly, it may save her from an unpleasant hemorrhage. It never can do harm if indicated, and is a sheet anchor when any procedure is about to be begun which might possibly be attended by a post-partum hemorrhage.

Don't expect that the conventional and ordinary command to "support the perineum" will prevent lacerating that very important tissue. You may be employed to watch a team and yet stand watching them go around the corner in confusion. "Safety first" is a good motto here. In instrumental delivery, and in some cases of non-instrumental, you will have laceration in the median line, which is a bad point in this tissue to repair successfully.

At this point the raphe is not well supplied with blood, and sloughs easily. Secondly, in this location it catches all discharge from drainage in both irrigation and otherwise. It is much wiser and better to favor in all suspicious cases right incisio-pernei-lateralis. This is easily made with a pair of cutting forceps in the right hand while the traction forceps is held in the left. At the junction of the lower with the middle third of the right labial surface, which at this juncture is tense and at the point of breaking, a two or three and one-half-inch incision is made straight into the tissue.

This immediately relaxes the entire rim of soft tissue for the occasion and is very easily and successfully repaired with two or three catgut sutures. The patient during her period of rest maintains the recumbent position, resting on the back and left side, allowing no drainage to contaminate the wound. This only leaves a slight scar which is not often seen; otherwise there is a median laceration which many times, and in a majority of times, is not successfully repaired. The patient allows this condition to continue many times for years. Each year adds its quota of nerve phenomena, until she considers herself a nervous wreck when she finally drifts into the hands of the surgeon. She can not, after the lapse of so much time, be completely restored, even by repair.

Finally, don't compel all your lying-in cases to remain quiet for a fortnight, when they have been very actively engaged in their ordinary duties and taking the ordinary amount of nourishment up until probably an hour before accouchement, just because your great-great-grandfather who practiced medicine before you did the same. Did you ever try it? Quit full exercise and full diet, lie down quietly for ten days, and you would be just as weak whether you had a baby or not. Why is all this weakness necessary in accouchement, if it is not a disease? Look at the lower animals for illustation. All other conditions being favorable, recommend that they lie quietly for one day, move somewhat in bed the second day, the third day stepping from bed to chair and from chair to bed at will, not performing undue

exertion, but exercising sufficiently every day to prevent the great atony, weakness and flabbiness of tissue which comes in these cases. It is not because of the child-birth, but wholly to the lying prostrate, helplessly relaxed and prone for days. This I have practiced for two years, and have yet to see bad results. At the tenth day, with this method, they are stronger than in thirty days with the old, time-worn method. Think for yourself, and unless you do so you are not a safe obstetrician.

FIBROID TUMORS OF THE UTERUS—TREATMENT BY THE HIGH FREQUENCY BIPOLAR TESLA METHOD.

A. S. Tuchler, M.D., San Francisco, Cal.

I have called attention on several occasions to the treatment of ovarian inflammation and consequent pelvic adhesions by the above mentioned method. It has been my good fortune to observe the result of such treatment covering a period of about three years by this method, with a great deal of satisfaction to myself and at the same time to my exchequer, and of gratitude and thankfulness on the part of my patients from having been saved from an impending threatened surgical operation. During this period of time, several cases of chronic ovarian inflammation, etc., were found to be complicated with uterine fibroids, and invariably I have noticed that these tumors disappear simultaneously with the subsidence of the ovarian trouble. Since this high-frequency treatment promotes the absorption of the products of inflammation or growths of the ovaries and tubes, it certainly will do the same for such a diseased condition of the uterus.

Doctor Sir Robert Bell, of London, physician in charge of the Cancer Research Hospital, has observed, in a contribution read before the convention of the American Association of Progressive Medicine in Chicago, 1915, and subsequently published in the *Journal of the American Association of Progressive Medicine* of December, 1915, "that a uterine fibroid is the result of an unhealthy or hyperemic uterine wall and a consequent coagulation of the effused blood in this pathological tissue with a resultant formation and growth of these tumors. These then will become absorbed as the normal or healthy condition becomes re-established." Doctor Bell has used the extract of the mammary gland since 1894 with signal success in these cases.

As a complication of these benign growths there is usually some contributing chronic congestion of the ovaries present, and the consequent existing hyperemia of these organs will naturally contribute to this pathological state of the uterus.

I have observed that in the same ratio as the ovarian congestion, etc., is reduced, so will these growths of the uterus, if there is any present, become smaller and the hemorrhage will gradually cease and a sense of wellbeing will prevail, as a lady remarked, who had this complication, that she felt lighter and had less tension and soreness in those parts.

In this connection, I wish to call attention to a lady of about forty-five

years of age, who wanted to know why her monthly periods were so profuse and frequent—every two weeks. She was laboring under the common and mistaken belief that this condition is a natural one with the menopause. On examination it was discovered that her ovaries were tender and enlarged, and a fibroid the size of a hen's egg was plainly felt on the anterior wall of the uterus, also a badly lacerated cervix evidently contributed to this hyperemic condition. The laceration was repaired, her bowels and diet regulated. The mammary gland extract was prescribed in five grain doses four times daily for this uterine growth, and the bipolar high-frequency application was also given daily for one-half hour as follows: A glass vaginal insulated electrode was introduced into the vagina up to the offending organ, and connected to the upper post of the cabinet, while a larger wet pad with a metal back was placed on the lower abdomen so as to cover the ovarian region and connected to the grounded post of the machine. The frequency was so regulated that only a sense of warmth was noted by the patient—no heat nor stinging sensation should be felt.

I wish to observe in this connection that a high-frequency machine that gives both the X-ray and the high-frequency for treatment work is not a suitable one for this method of treatment which is the subject of this paper. An X-ray current requires a machine of low frequency and large amperage—about ten amperes; while for treatments it is necessary to have one which gives a very high frequency and which requires a low amperage—about five amperes. Consequently a cabinet for treatment work alone is required, and this then can be so regulated that in a half hour of application no fear need be felt of burning or scorching the mucous membrane or of bursting a tube while being treated, as will happen when using a machine of ten amperes and of low frequency. This is too hot for such work, but is just the thing for X-ray work.

In three months of such treatment the lady said that she did not feel the need of any more electrical attention, but was cautioned to continue her tablets for a little while longer and to report at frequent intervals for observation. Six months from the time of her first treatment, on examination it was found that the ovaries had assumed a normal condition and the growth of the uterus had been entirely absorbed. She said that the tension or tightness which she had always felt was gone.

This, then, has been my experience in a number of cases of this complicated nature, and the above treatment will be the means of saving many patients from the operating table and restoring them to healthy and useful women.

ARTHRITIS DEFORMANS OR STILL'S DISEASE.

E. M. Wright, M.D., Warsaw, Ohio.

This affection should be sharply differentiated from all forms of chronic or subacute articular inflammation. Charcot and Weil have described this form of arthritis in children. The cases are not common. Osler refers to four cases, Henoch five cases, one by Manges and two by Koplik.

Symptoms.—The onset of the disease is either sudden, after an exposure to cold and wet, or slow. In one form, after an onset of chills and fever, soreness and pain in several joints appear. The child is at first able to be about. As the joints become more and more affected, complete disability results. The pain in the joints becomes so marked as to interfere with sleep, and in a few months the patient may be unable to walk.

In some cases the pain and enlargements begin in the lower extremities and gradually involve other joints. In others the onset is slow. The joints in the upper and lower extremities gradually become painful, and after repeated attacks remain swollen and limited as to motion. The ends of the bones are enlarged, and there is effusion in some joints. With the progressive involvement of the joints there is atrophy of the muscles, as in the adult form of the disease, and when this occurs the condition is pitiable.

In the case I had, almost every joint in the body was involved, including the cervical vertebræ, and he walked as a man seventy-five or eighty years old, although he was only nine.

Two theories have been advanced to explain this joint affection. One, that of Charcot and Weil, is the neurotic theory, which is plausible because of the bilateral nature of the affliction, the atrophy of the muscles around the joints, the changes in the skin, which becomes in time tense and shining, and the enlargement of the ends of the bones which enter into the formation of the joints. The infection theory is supported by the fact that there is in many cases a diurnal fluctuation of temperature of a degree or a fraction above normal; the lymph nodes are enlarged; the liver and spleen are also enlarged in some cases. This condition, in half of the cases, began before the second dentition, girls being more affected than boys. The enlargement of the joints is fusiform, without redness, but with varying amount of tenderness.

Diagnosis.—It is most important to distinguish the disease from rheumatism and gonorrheal arthritis, because of the treatment and prognosis. It differs from rheumatic fever in the following points: The fever does not yield to salicylates as rheumatic fever, and is of a longer duration. Anemia is of more gradual development, and the acid sweats of rheumatism are absent, but this is not of much assistance, for they are uncommon in rheumatism of children. Many joints are affected symmetrically, notably those of the hands; whereas arthritis in rheumatic fever is rarely marked in children and affects the middle-sized joints. Pigmentation, local sweating of the hands and feet, and muscular atrophy, are present. There is no endocarditis, but the presence of a hemic murmur renders it difficult to exclude its existence, and in the case under my care endocarditis was undoubtedly present.

An unduly rapid pulse, apart from cardiac disease, is uncommon in rheumatic fever.

The possibility of the arthritis being toxic, or tuberculous in origin, must be remembered.

Treatment.—Symptomatic treatment offers the most relief—aconite, macrotys, bryonia, sodium salicylate, etc. Treatment by massage, warm

baths and patient manipulation of the joints may effect slight improvement. Wrap joints in wool cotton and paint them twice a day with guaiacol 1 part, tincture iodine 8 parts. In my case some improvement was noted by the use of iodide of potassium, but the patient died after eighteen months from endocarditis, which is not the usual termination.

Sudden changes in temperature are always unpleasant, so they should be clothed in garments that will guard against the chilling of the body. Enforced rest during the stage of heat and pain, and congestion about the joints, but during the interval of acute attacks the more the joints are used the less is the subsequent crippling.

Topical applications to the joints of cooling lotions during the inflammatory stage, and stimulating liniments in chronic cases, with massage and gentle friction. General tonic treatment for chronic cases.

ACUTE ENDOCARDITIS IN CHILDREN.

H. J. Terpening, M.D., Fulton, N. Y.

Acute endocarditis is from bacterial infection and is simple or malignant, depending on the degree of infection and the power to overcome it; but the simple often becomes malignant and the mildest cases often produce changes that in after years produce death.

The Lesion: Acute endocarditis invades the endothelial lining of the valves, but not of the ventricles and auricles. In an early case the characteristic festoons of little translucent white or yellow beads are visible running round the cusps, a little distance from the free margin, at the point where the valves shut.—Cowan.

Causes: Acute rheumatism is the cause of most of the cases in children. "In children under ten, endocarditis and acute rheumatism are almost always conjoined."—Cowan. Chorea is often a cause. Other conditions such as pneumonia and the eruptive diseases, sometimes cause it. Endocarditis sometimes develops in grave diseases. Recently I have had endocarditis develop about one week before death in a case of tubercular meningitis in a school boy of nine years. This boy was hit on the head by a piece of ice. This summer I was called to attend a child suffering from indigestion and diarrhea and found a marked case of endocarditis. This child was seven months old and lived some three weeks after I first saw it. Another child of ten months was brought to the office with bronchitis and had marked endocarditis. It is in fair health at present.

"Endocarditis is more apt to follow the first attack of acute rheumatism."—Church. He states that in the first attack in children under ten years endocarditis occurs in 75 per cent, and between ten and twenty in 55 per cent. The valves affected are the mitral and aortic, and in a good many cases both the mitral and aortic.

Symptoms: The pulse is the most constant sign of the onset of endocarditis. In some children under ten it will range from 100 to 140, with

slight or no fever. There is overaction and the heart beats with violence and the sounds are diffused over most of the chest wall. Inspection shows the impulse of the apex against the chest wall. The pulse is soft and compressible. Auscultation may reveal little or nothing. In the beginning of an endocarditis, at first you may only get a muffled sound, and the murmurs may not appear for some days or weeks; some days you hear it and the next it is gone. Fever after an arthritis has subsided is often caused by an endocarditis.

Epistaxis or nosebleed has been present in most of my cases, and if it occurs frequently soon weakens the child and alarms the family. Dyspnea is another constant symptom in severe cases and often prevents the child from lying down. Amenorrhea in young girls is present and most of the cases show signs of anemia. Irregular pulse and embolism are found in some cases.

Diagnosis: A valvular murmur is the only certain sign, and that may be delayed for weeks and much valuable time lost if we wait for the murmur to develop. Next to the murmur is the pulse rate. A very rapid pulse is a sign of endocarditis unless caused by high fever. Irregular pulse also points that way. Dyspnea is an important symptom, and the more marked it is the more severe the case. Epistaxis was an early symptom in more than half of my cases. Overaction of the heart and the impulse of the apex are so marked that it shakes the whole body and even the bedclothes. The throbbing of the carotids is seen at a distance.

Prognosis: It depends on the age of the child and the severity of the disease. My experience has been that the younger the child, up to ten years, the less chance there is of recovery, partly because it is so hard to keep a small child in bed long enough to give the heart a chance to recover from the inflammation and give the heart muscle a chance to become strong and the lesion to the valves time to heal, and partly because the younger the child the more damage the inflammation seems to do and the heart seems to have less power to withstand the inflammation.

A more or less constant fever, even if it is only one or two degrees, is an unfavorable sign. Frequent attacks of vomiting is another. Marked dyspnea with sleeplessness are unfavorable conditions; the appearance of edema is a sign of failing heart. Progressive dilatation of the heart and irregular pulse are both dangerous. Complications must be constantly watched for, such as pericarditis, pneumonia or pleurisy. Delirium is often the beginning of the end. The prognosis must be guarded until the fever is gone and the pulse comes down to below 100.

Treatment: Rest, rest, and yet more rest. Rest in bed for from two to six months is the first thing. I can not emphasize this too much. An ice-bag over the heart helps to slow the pulse and gives relief from the feeling that many complain of.

Nourishment: If a child can take plenty of nourishment he has a good chance, but if he can not take plenty of it we have an uphill battle to fight. When the child is unable to take nourishment we may know that the bacterial

invasion is increasing. I feel certain that most cases are let out of bed too soon. He should not even sit up in bed until after his fever has been gone for at least a month and his pulse is down to ninety. After this he may sit up in bed if it does not cause a rise in the pulse or cause fever. I have two girls that had attacks of endocarditis; both had murmurs. One of them, a girl of sixteen, was a severe case and had fever, rapid pulse, nosebleed and amenorrhea, marked dyspnea with sleeplessness, and very nervous. The one good feature of the case was a good appetite and good digestion. She was taken in September, 1915, and I kept her in bed for six months, and she has done nothing for the last six. She has gained in weight, her pulse is about eighty-five, and the murmur is very faint; sometimes I can not hear it. I want her to do little or no work for the next year, and I believe she will have fair health if she does not have another attack. Two other girls, twins, age eleven years, both had endocarditis, one from acute rheumatism and the other from chorea. The one with rheumatism developed a murmur, but the other did not. The one with rheumatism I kept in bed four months, and the other I kept in bed two months. There is no murmur at present in the one that had rheumatism. I give the history of these cases to show what may be done in these cases if we only have patience and perseverance.

Drugs: I give the indicated remedy; specific cactus and specific macrotys have been used in all of the cases. Specific pulsatilla was given in the first case mentioned, with the result that menstruation was restored and many of the nervous symptoms disappeared. Where it is caused by rheumatism I give magnesium salicylate, five grains every three to four hours for one or two months, and after that I give it one day in the week and continue it in this way for a year at least. Most of these cases are anemic, and some form of iron is indicated. For this I give, in children over twelve years, Blaud's Comp. In younger children I give Children's Tonic No. 2.

The complications will have to be treated as they arise. For the nose-bleed I give ergotin, and in some cases I have got good results from S. & D.'s chloro-calcium. I have tried thyroid extract, also specific crataegus, but with indifferent results. After the acute attack is over I have used Fowler's solution in small doses with good results.

NUX VOMICA.

S. W. Moreland, M.D., Jonesboro, Ark.

It will be difficult to say anything new on this subject. But someone has said, "What is new is not true; and what is true is not new." Nux is one of the most valuable remedies in the materia medica; its range of action is wide. When indicated, there is no remedy more certain and prompt in action. It is said to be a cerebro-spinal stimulant.

It is indicated in atonic conditions. If given when there is irritation of the nerve centers, or of the gastro-intestinal canal, the symptoms will be aggravated. The writer always uses small doses of specific medicine in

atonic conditions, and with certain results. The dose is usually less than a drop.

Now, let us see what the symptoms are calling for its use: Nausea and vomiting, with a broad tongue, coated white or yellowish; small doses of nux will give prompt relief. Take the same symptoms, associated with diarrhea, either in the adult or childhood, and nux will bring speedy relief.

There is a condition the writer has never seen mentioned in books or journals: Old people are sometimes troubled with a passive diarrhea; the discharges will come on suddenly, without pain, and the patient has no control and must get to the closet at once. I have seen this in patients suffering from paralysis. Small doses of nux, frequently repeated, has always given relief in the hands of the writer.

A case of cholera infantum treated a number of years ago is distinctly remembered. The mother brought the child to my office and remarked she had been the rounds of the physicians without any relief for the child. The child was but a shadow, so thin was it. There were from ten to fifteen foul-smelling discharges from the bowels every day; could take no food; abdominal walls flabby; tongue yellowish; almost constantly trying to vomit, though not much brought up. The prescription consisted of five drops spec. nux, water four ounces, teaspoonful every hour through the day. No more was seen of the child for two weeks, when in passing the home it was seen, fat and rosy, with a chunk of corn bread in its hand. The mother stated the child commenced to improve immediately on beginning the medicine. The one prescription cured the child. Of course directions were given to the mother with regard to proper diet.

Nausea and vomiting associated with frontal headache is an indication for nux. Of course, if this condition was associated with a narrow pointed tongue, red at tip and edges, nux would not be indicated. This tongue would show irritation.

Abdominal pains, if associated with a broad tongue, coated white or yellow, will be relieved by nux. It makes no difference what disease one is treating, if there is an atonic condition present, nux should be used as part of the treatment.

There are cases of pneumonia where the patient can only breathe by an effort of the will; in these cases nux will give prompt relief. In low stages of typhoid fever, the patient slips down in the bed, the bowels move involuntarily, the patient seems to be losing his grip on life. Now, there is no remedy more likely to change these conditions for the better than spec. nux. If the vital forces are not too far exhausted, the patient will rally after the administration of this remedy.

Nux is not a purgative, in the sense this term is generally used; but there is no remedy that is more certain to overcome constipation, if this condition is dependent upon an atonic condition of the intestinal tract.

In closing, the writer wishes to emphasize a few points: Nux is indicated in all atonic conditions, not where there is irritation. In order that one

be successful in its use, a good preparation of the drug must be chosen. There is no better preparation of the drug than the specific medicine nux. Nux, where clearly indicated, sometimes relieves the entire chain of symptoms. For its specific effect it should be frequently repeated in small doses.

CHRONIC APPENDICITIS OR APPENDICOPTOSIS—MY NEW TREATMENT, WITH A FEW CASES REPORTED FOR CLINICAL CONSIDERATION.

STANLEY TOMMASELLO, M.D., GREENWICH, CONN.

This clinical report on appendicitis is a conclusion on a very long experience with the subject, and after an accurate clinical analysis I came to the point to illustrate, clinically, some of my cases, with a certainty to benefit humanity and the profession at large.

We know that the appendix, when healthy, has a physiological function on the intestinal tract, having a marked action, by its secretion, to lubricate the feces, and, by its contractibility, to raise the fecal matter in the ascending colon, keeping the cecum free of toxins. When the appendix becomes involved in some way by fecal stagnation or intoxication, as, for instance, in intestinal atonia, typhoid fever, gastritis, enteritis, colitis or intestinal occlusion, there results a lack of physiological co-operation.

We know that when an organ stops its function, the material exchange in the animal system, chemically and pathogenically, becomes immediately impaired; and from an attack, for example, of hepatitis, other organs can not eliminate the accumulation of toxins or salts, and a toxical or chemical stasis takes place in the human machinery. Many cases of gastro-enteroptosis, or fatty accumulation on the abdomen, lead to the atonia of the gastro-abdominal plexus, and in this situation salts and toxins increase in a larger quantity and number.

Many gynecologists claim that for the contraction of a healthy appendix the right ovary receives a mechanical pressure, and, doing so, exercises an immense benefit to that organ. I endorse this assertion, and in fact many cases of ovaritis were found to be the result of an enlargement of the appendix, and several cases of phlegmasia alba dolens were due to cecoappendicial stasis.

From chronic appendicitis, or appendicoptosis, when the distension of that viscera is extremely enlarged, we find, most of the time, that the bladder, uterus and even the ascending colon are seriously affected, and adhesions, also cellulitis, noticed some of the time. Many cases diagnosed and believed to be cyst of the bladder, after an accurate cystoscopical, bacteriological and chemical analysis with a negative result, with the removal of the appendix, are found enlarged and the patient makes a complete recovery. Many cases of gastritis, enteritis, colitis, ovaritis and cystitis are complications of chronic appendicitis.

My opinion is that an early diagnosis with an early treatment would save all the acute cases, which, indistinctly, become chronic.

An acute gastritis, not treated at the early stage, will give a chronic gastritis or gastroptosis as a complication. Acute appendicitis, treated properly, does not need to be operated on much of the time.

When we find a severe gastritis, do we use gastrotomy? Certainly not. And then, why not exercise an appropriate treatment to save the appendix in the same way we do to save the stomach?

Here I mention my new treatment: When the appendix shows only hardness and congestion, my treatment can be successfully applied, which consists of a colon injection to reach the cecum, every twenty-four hours, of the following solution: Ichthyol, xx drops; glycerine, dr. vi; tincturæ belladonnæ, x drops; aquæ camphoræ, ad. oz. iii; to be injected all at once.

The solution is for an adult, children in proportion. This aforesaid treatment shall be used for one week from the beginning of the attack, once a day, and associated by the internal use of the following powders: Benzonaphthol, dr. ss; magnesia oxide, heavy, dr. i; asafœtida, gr. x; aromatic powder, gr. xv; make 10 charts. One every four hours, five a day in wafers. Diet to be strictly of spring water and milk. After one week a soft diet can be used, and continuing the powders for fifteen more days, with saline solution, one pint a day, for colon irrigation.

When my treatment is given in time we can save nearly all patients from the knife; but when we find a very large distension of the organ, a danger of perforation, or an abscess formed, then the best thing to do is to take the appendix out immediately to save the patient discomfort, time, money, and danger of life.

We kill many and many people without knowing it, as we advise our patients suffering from acute appendicitis to use the ice-bag and sedatives, and, after the pain has been subdued, we say the patient is cured. But alas, we should tell the poor unfortunate that he is not cured at all, only relieved from the pain from which he was suffering, and to be really cured he should use a long treatment.

I wish to report a few cases of both types, and I will be very glad to accept any suggestion from you on the subject. But before I start any controversy on the point, I wish to state that we need to save the appendix, as it is a helpful organ to the peristaltic movement, but we *must* take it out when it is enlarged and ill, which thus impairs other organs from their physiological functions.

Two Acute Cases.—Case 1. B. D., aged 13 years, school girl. One year previous to her first attack she was sick from typhoid fever. When I was summoned three other physicians were called in consultation, and all agreed for appendectomy. I suggested we try my simple treatment for forty-eight hours and to watch the effect carefully. After the first twenty-four hours there was a complete disappearance of the symptoms, and in a week she was fully convalescent.

Case 2: C. F., 20 years old, bookkeeping student. Two weeks before

the attack he was stricken by ptomain poisoning from eating canned fish. All the symptomatology was for appendicitis, except no distension of the appendix was noticed. The leg was painful and stiff, the ileocecal region was untouchable and the abdomen full of gas. The treatment was discarded at first sight, but after a long consideration it was agreed to try it for only twenty-four hours, because the case was a very serious one. The injection was given at once and the result was wonderful. After two weeks he was declared in full convalescence.

I could mention a long list of patients so cured. But now for this other list of patients of chronic stage.

Five Chronic Cases.—Case 1: J. D. B., aged 21, shop carpenter, married. Three years previously had an acute attack of appendicitis, and had been relieved by ice-bag and sedatives. Nineteen months prior to coming under my treatment he had been affected by specific urethritis, and when I examined him I diagnosed cyst of the bladder. I treated him for three months without any marked result. I then advised hospital treatment, and after a careful urinalysis, cystoscopical and blood tests, nothing was disclosed in the bladder and the adnexa. On examining the appendix it was found to be very enlarged, and after its removal complete recovery resulted.

Case 2: M. S., 29 years, married woman with two children; dressmaker. Had a miscarriage one year previously and her doctor pronounced her to be perfectly well. When she came to consult me, from out of town, she complained of frequent, painful and burning urination, heavy weight and pain in the ileocecal region, constipation and general malaise. I examined the urine and did not find anything to lead me to suspect any lesion in the bladder or adnexa. I prescribed for her a general tonic and mineral oil as a laxative. Her constipation improved, also her general health, but not the urinary tract. Noticing a large appendix I advised her to have it removed. Opening the abdomen, there was found a large appendix, involving the cecum, with adhesions. After her operation she recovered perfectly.

Case 3: G. T., 24 years old, tailor. For five years suffered from gastro-enterocolitis. Many different treatments were employed with no improvement. He came to consult me at last, and I found besides gastro-enterocolitis a large appendix. I told him to try the appendectomy and await the result. He refused flatly, asserting that at the Polyclinic Hospital in Rome it had been advised to take out the transverse colon, it being full of mucus. He said, "I want to die quietly." Later he accepted my advice, and after the removal of his appendix all his troubles disappeared completely.

Case 4: J. D., 42 years, shop carpenter. For eight years he suffered from gastric pain, with vomiting every two or three months and emitting a little blood in the food; constipation, pain from the hepatic region to the right iliac fossa, general debility and tremor. Using his own words, "By God, no doctor can help me!" After a careful examination I found duodenal ulcer, hepatic induration, dilatation of the abdominal aorta and a large distension of the appendix. I informed him of his serious case and recommended operation for him. He was admitted to the hospital, and after using

the X-ray, his food and blood tests assured me of my diagnosis. He was operated on for appendicitis and duodenal ulcer and complete recovery was accomplished.

Case 5: M. S., 27 years old, married, with two children. Was treated for three months by two gynecologists for left version of the womb, without result. She came to consult me, and after a thorough examination I found a large appendix which was pressing heavily on her right ovary, and by such pressure the womb was left flexed. I informed her that the appendix had to be removed if she wanted to recover. She accepted, and two months from the date of the operation the womb was completely straight again.

I could report other cases, but do not want to take up any more of your time; but I wish to say that phlegmasia, ovaritis and salpingitis are due in most instances to an enlarged and sick appendix.

CONCLUSIONS.

So far as I have learned from my practice, 90 per cent of the cases of acute or chronic appendicitis come from school children, college students, shop workers, and from all other classes doing indoor work, dissipation and meat eaters. Now, to free myself from erroneous deductions, I went deep into my cases and I could find with certainty that the causes of appendicitis are as follows:

1. School frequenters are refused the time by their teachers to go to the toilet when the desire to evacuate appears, and, not passing the fecal matters at the time of the stimulus, the feces become hardened and atonia sets up.

2. Shop girls or other indoor workers abstain from evacuations for fear of losing their positions or a desire to finish the work they have in hand.

3. Dissipating people comprise another category of patients, as they do not masticate their meals and take them at irregular hours, being occupied with women, cards, dances, etc.

4. The last category is given up to the meat eaters, for by eating much meat chronic toxemia of the digestive tract easily takes place, and gastro-enterocolitis will be the result.

DISCUSSION.

Dr. L. E. Russell: I would condemn the use of the ice pack.

Dr. Tommaselli: I do not say we cure the appendicitis with the ice pack, we only relieve. I say we must cure the appendix outside of the cecum, and the solution I give will immediately react on the cecum and appendix and give new life to the organs, and at the same time kill the germs.

Dr. E. G. Sharp: It is unfortunate that all of us could not understand this paper. I got enough of it to satisfy me that the doctor has suggested some splendid things in connection with intestinal troubles, and especially acute appendicitis. I am heartily in accord with the idea that not every case of appendicitis requires operation. I have come to regard, after a reasonable length of time, that every case of appendicitis, like every other condition, is a law unto itself, and no fixed rule applies, surgically or otherwise.

Dr. B. E. Dawson: I think there is too much of the idea that we must operate on every case. I was recently called to Oklahoma City as an expert

in a lawsuit where the man died after an operation, and about ten surgeons in Oklahoma swore positively that operation was the only treatment known today to scientific men for appendicitis and that it was an invariable rule with every surgeon to operate immediately as soon as he could get to the case. While on the stand I cited the case of the Mayos, who had a patient under observation for four years before he was operated. I told them my own daughter has had appendicitis since 1893 and I have never had her operated on. When it comes home to your own family you are not quite as ready to operate as on someone else. I stated on the witness stand that that is my last resort.

Dr. E. B. Shewman: I would like to take issue with some of the statements that have been made here. An appendix that is diseased is a powder magazine—you do not know what moment it is going to explode. You may have an attack of appendicitis and it will pass off within a few hours and then recur, and there is no one can say that that appendix will not be suppurative. No man can tell what is behind the abdominal wall, and the treatment in every case of appendicitis where it is possible to do so, is to operate within the first forty-eight hours. In our cases where we have operated within forty-eight hours we have had one-half of one per cent mortality; cases that passed this period have had three per cent mortality. We must go on the principle that in every case the appendix is infected. The greatest danger is where the appendix becomes swollen, the tissue becomes more or less granular, and then we have perforation. Save a needle-like stab there is absolute freedom from pain, and the general practitioner sometimes thinks the patient is getting better, the temperature drops down and then it shoots up, and he has a general peritonitis. The patient is toxic, and you have to fight not only this, but I have seen one or two cases that we drained in which we had a septic myocarditis. Procrastination, in my opinion, is loss of time and means death in a large percentage of cases.

Dr. W. E. Daniels: There are a whole lot of things I do not know about appendicitis, but I do know this, that when I look at the last report of the Census Bureau prepared by the United States Government I see that within the last ten years the mortality in appendicitis has increased fifteen per cent, with all your boasted operations.

Dr. F. M. Andrus: I just want to say that the probable cause of the statistics being as they are is on account of hesitation. Any case of appendicitis, as the doctor has said, is liable to explode, and I do not even wait forty-eight hours if I can get the consent of the family.

Dr. Stanley Tommaselli (closing): As I told you, I do not speak very well. When the appendix is infected we must take it out immediately, but when it is inflamed and irritated you can use my injection with wonderful effect. That is all.

SCARLET FEVER.

Ida F. Kittredge, M.D., St. Louis, Mo.

This is an acute infectious, highly contagious disease, which has a short incubation period, and is usually ushered in with a rise of temperature and vomiting. In very young children, or in very severe cases, the disease is often ushered in with spasms.

The eruption appears on the second day, but most of my cases have the eruption before I am consulted, unless the child has spasms.

No specific germ for scarlet fever has been discovered, but our leading

pathologists agree that the germ is not carried in the desquamating skin, as we formerly supposed, but has been proven to exist in, and is disseminated by the secretions from the mouth, nose and throat. Therefore, the desquamated skin does not spread the disease, except as it becomes contaminated with these secretions, which may infect any article that comes in contact with the patient. These germs seem particularly virulent, and may live and thrive for years, regardless of cold, heat, moisture or dryness.

Prophylaxis is an important measure in this disease; hence those who come in contact with these patients should use some mild antiseptic spray in the nose and throat for about a week.

The typical cases are familiar to all of us: the strawberry tongue, sore throat and markedly hyperemic skin, plus the eruption, which disappears on pressure but instantly returns to the brilliant red color. This eruption usually begins on the neck and chest, and remains about three or four days. As soon as the acute stage has passed, the skin becomes rough and dry, and sooner or later desquamation begins.

Unfortunately our cases are not all typical. I have been called to see children with a little rash on the back and chest which looked more like flea bites than anything else, with a rise of temperature, mild sore throat not complained of but found on inspection, and this eruption would disappear entirely in twenty-four hours. The question is, what have we? I believe some of these cases are mild scarlatina, and the danger lies in infecting some child with a serious case of scarlet fever from these mild, perhaps unrecognized cases.

Nephritis seems to be one of the most frequent complications, and I have read somewhere that this is probably due to the excretion of living bacteria through the kidneys, and this appears to me to be quite plausible. Suppurating cervical glands seem to be a frequent complication, but, thank God and good old Eclectic remedies, I never have had this particular complication.

Otitis is another quite common complication, especially with very young children.

I think the heart should be watched very closely in this disease, as that organ seems particularly susceptible to the poison of this disease. We have as complications that are not met with quite so frequently pneumonia, pleurisy, endocarditis, pericarditis, septic phlebitis, and occasionally suppuration in a joint region.

Treatment.—My patient is isolated at once; and, as sunlight, fresh air, cleanliness and a proper degree of heat are indispensable factors in the treatment of these cases, I proceed to put my patient in the best room in the house if I can get it. Our aim should be to diminish inflammation and irritation of the skin, keep it warm and try to keep it moist; this we all know will go a long way toward preventing nephritis, and just here prophylaxis is a mighty factor.

Asclepias has been a good, reliable remedy for this condition. I find it more gentle with children than some of our more powerful diaphoretics. I need hardly say in this assembly, avoid coal tar derivatives and synthetic

preparations which irritate the kidneys; but should nephritis arise, however, in spite of our watchfulness and care, I like the soothing effects of triticum or a combination of gelsemium and hydrangea, with a hot-water bottle to the back. For ascites I like apocynum and sometimes elaterium.

I usually begin my treatment of a case of this kind with a good, generous dose of castor oil. As a sedative I usually give aconite, as that is the sedative usually indicated in children. To keep the skin moist I give asclepias. For the glandular system I give phytolacca right from the start, in pretty generous doses. For my throat symptoms, where the throat has that highly inflamed, angry red appearance, I use ac. phosphoric (dil.) combined with tr. chloride of iron. I add echinacea to my prescriptions in all septic conditions. As a throat spray I like a mild solution of echinacea; I also like listerine, about a 25 per cent solution, spraying the throat several times daily.

I consider the diet a very important part of the treatment, with milk as the basis, cereals of which we have a goodly number, toast, toasted crackers, oranges, grapefruit, eggs in some cases, and avoid meats until after the period for kidney complications to arise. Give plenty of water to drink (not iced), and watch your patient get well.

LARYNGEAL DIPHTHERIA—SUBCULOYD LOBELIA.

C. M. Chandler, M.D., Salt Lake City, Utah.

About eleven o'clock on a Thursday morning in February last, I was called to see a nine-year-old boy. His mother informed me that he had been croupy since the previous Sunday night, that it had become quite loose, but tightened up that morning. The croup was of a membranous type, throat was clean and but slightly reddened, temperature 101, rales could be heard in the bronchial tubes.

From the history and the absence of any visible membrane, my diagnosis was pseudo-membranous croup, and the following prescribed:

Sanguinaria nit.....gr. ¼
Sp. aconite .....m. v
Tr. spongia .....m. viii
Sp. ipecac .....m. x
Aqua .....q.s. ad. f. oz. iv
M. Sig.: Dr. i every hour.

Calcidine (iodized lime).....gr. 1-3
Washed down with hot water every 15 to 20 minutes.

Vapor inhalations and local applications.

The latter part of the afternoon the mother telephoned that the patient was worse and I saw him about five o'clock, carrying with me a culture tube and a 10,000 unit tube of antitoxin. Found patient much worse; head thrown back, chest heaving, pulse weak and rapid, toxic in appearance.

Took culture from low in the throat, and as the antitoxin did not seem to be indicated, gave a hypodermic (m.xxv) of subculoyd lobelia. In two and one-half hours I called again and was surprised at the improvement; chin down and breathing without much effort.

In three hours the subculoyd was repeated (m. xxv), and within fifteen minutes patient coughed, loose and rattling, and expectorated quantities of material of a mucoid character.

Nurse was instructed to repeat the lobelia hypodermically if the breathing appeared to tighten during the night, and she gave one dose at midnight on a doubt. At 8 A.M. she telephoned, "Patient still sound asleep."

I called later in the morning, just after a "diphtheria" flag had been tacked on the house, and the inspector informed me that an elegant specimen had been developed from my culture. The patient was breathing easily and feeling good, pulse practically normal, toxemia gone, and his appetite craved for almost anything that his mother could supply.

He received three doses of subculoyd lobelia by hypo during the day, and two the day following. No antitoxin was given at any time, proving the power of lobelia to control the disease, and freeing the breathing in *less than three hours,* an impossibility with antitoxin, as I have demonstrated upon quite a number of occasions, when I have been obliged to see the little patient struggle for breath for eighteen hours or more and perhaps require the insertion of a tube.

No weakness of the pulse followed, and the voice had returned the next morning.

In this case, had the diagnosis been laryngeal diphtheria and antitoxin given, I am positive that a death certificate would have been the outcome.

DISEASED TONSILS—MY WAY OF TREATING THEM.

THOMAS SLAYDEN, M.D., WILLIAMSON, W. VA.

What I have to say of diseased tonsils, my way of treatment, I hope to make more interesting than the ordinary by reason of a certain amount of originality which I put into it.

The most common types are: Simple acute, acute and chronic hypertrophied, follicular, and membranous.

The simple acute yields to treatment and returns to normal, which may not give further trouble or may recur following conditions which give rise to the first attack. Treatment internally: aconite, phytolacca, bryonia, or belladonna, as indicated. The effects of these remedies are too well known to Eclectics to need comment on their action. Locally: silver nitrate ten per cent.

Hypertrophied tonsils may stay quiescent, which should be more common in grown-ups, or take on an acute attack at the slightest cold, change of weather, etc. This variety is most common in children, and usually is accompanied by adenoids which cause the little fellows to breathe through

the mouth. They take cold easily, are more subject to bronchial troubles in winter and more liable to any infectious or contagious disease, as the general system is usually in run down condition. Treatment: Remove them, and any adenoids present.

Follicular tonsils is the variety which gives rise to more complications. With this variety we have the systemic troubles. They are the foci for invasion of many systemic diseases. Rheumatism and follicular tonsilitis go hand in hand. Remove the tonsils and rheumatism disappears. In many cases of pulmonary tuberculosis diseased tonsils are present. I have removed them and have had the patient improve. Most all cases of cervical adenitis are preceded by diseased tonsils; removal of the tonsils and the treatment has the desired effect. You can not hope to clear the pool when the stream is being muddied above.

Membranous tonsils usually make a more profound impression on the patient than the other varieties. Usually the temperature runs higher, the pulse more rapid, showing systemic shock. Here I find that treatment such as, internally, aconite, phytolacca, echinacea, potassium chlorate, and locally, echinacea, gives most relief. This variety is most commonly seen on tonsils not having been diseased formerly.

I advise tonsillectomy in all cases of hypertrophied or diseased tonsils, not when in an inflamed state, of course, but treat them until the inflammation subsides, then remove them.

My technique of an operation is what I wish to call to your special attention. It is sometimes the little things that count, and these too often omitted make this operation such a horror to the general practitioner. Of course, when they advise against it, the specialist has hard work educating the people to the importance of it. There are cases operated on, no doubt, that really did not need it. Faulty technique, etc., that these fellows hang up as examples for all. There is no one that likes the operation better than I when it needs to be done, and I will give you my way, or ways, as the case presents itself.

Grown patients may be operated on by using local anesthesia, children never. They get frightened more easily and are more difficult to control. This, as all other major operations, should be done under strict antiseptic conditions. Ether is given with the mask over the face, the usual way until anesthesia is produced, then by an inhaler, the vapor going through a tube in one side of the mouth—not in my way while working. This keeps the patient at an even stage of anesthesia. I use a vacuum tube from my compressed air machine to keep mucus and blood away so that I may have a dry field for work. For the simple hypertrophied tonsils I use a Sleuders instrument. I insert the instrument, feed the tonsil through with a free finger. The instrument follows the tonsil body, takes no other tissue. When I have pressed the blade down tightly, I remove this and grasp the tonsil with a forceps, put on the snare and remove the tonsil completely. There being no cut surfaces, hence no hemorrhage. Tonsils that have become so diseased that they are too soft to hold a forceps may be cut through to the

base with scissors. Grasp it at the base in the bottom of the wound, draw out of its bed, place snare on and remove tonsil. The wire follows the tonsil and takes off no connective tissue. This clears up a great bother, for we all know how troublesome it is to dissect them out a piece at a time.

Submerged tonsils, of course, have to be dissected around. Grasp them with forceps and snare off. When anything is done, remove all the tonsil. I have seen as much trouble come from a stump left in as if the whole tonsil was present. I have removed these stumps and the trouble cleared up.

Some vocal teachers object to removal of tonsils. I say the idea is absurd. Reason would explain that one suffering from an obstruction in the throat, sore and stiffened muscles, could sing very little. After removal I have never heard of a complaint being made. The voice is clearer, more elastic, from the free use of the throat muscles.

By my methods, I claim speed and efficiency. Ordinarily five minutes is time enough for this operation. I have no hemorrhage, thus lessening shock from continued anesthesia and loss of blood. I find no after-treatment necessary. The patient's throat is usually healed in four or five days.

NOVOCAIN ANESTHESIA.

E. B. Shewman, M.D., Cincinnati, Ohio.

It was only a few moments ago that I learned I was on this program. At the present hour, due to this trouble in Europe, it is very difficult, unless you had previously supplied yourself, to secure novocain. I commenced to use it after my stay in Bier's Clinic, in Berlin, and have been using it successfully ever since in all classes of surgery, even in thyroidectomies. I believe, at the present time, that novocain is used by a large number of surgeons who use the Crile method of anoci-association. Of course, in every anesthesia anoci-association plays an important part so far as your anesthetic is concerned. The use of novocain possibly is a little better than cocaine, inasmuch as it does not have any deleterious effect. Various strengths are used by various operators; it depends a good deal on the operator. Some use the infiltration method and use one-half of one per cent. novocain. That is a very weak solution. The tissues are infiltrated with this. I began using a one-half of one per cent. solution, but at the present time in practically every operative procedure I use two per cent. novocain. The action is much quicker and I can do the operation much more readily and have a more wholesome effect.

Novocain should play an important part in the practice of every general practitioner. It can be used in opening felons, in removing small growths, such as cysts and wens; it can be used in amputation, blocking off the nerve supply, and we particularly use it in amputations on diabetic patients. By using the novocain you can use your hypodermic syringe. A great many instrument makers will tell you

that you have to have a particular syringe for novocain, but it is not necessary at all; you can use an ordinary hypodermic syringe that you can sterilize—use it just as readily and efficaciously as you can the special apparatus. I nearly always use an ordinary hypodermic syringe, simply from the fact that the hypodermic needle is smaller than the special needle. It enters the tissue with less resistance than the large needle, and consequently does not give the patient as much pain as where you have to use considerable force to get it under the skin. In an ordinary case, if I had a growth upon the back of the hand, I should infiltrate the outer layer of the epidermis and then push it on, then withdraw the needle and push it from the opposite side; then make a finish of this side. In other words, completely surround the growth. After injecting a two per cent. solution of novocain wait two or three minutes before beginning the incision. Then as you come down on the tissue if you should not have used enough novocain, simple infiltrate a little more into the incision.

In cases where I use novocain for hernia I infiltrate the skin, then infiltrate under the skin and make an incision into the skin. We must always remember that the greatest pain is within the skin and there is very little in the aponeurotic tissue until we come to the musculature, and there we have a very sensitive area. Immediately under the aponeurosis is the musculature, and from there we come to the tissue in and around the cord, the nerve distribution, the ilio-inguinal nerve, and that should be infiltrated. That brings us down to the cord and the sac. I usually infiltrate the sac with novocain, and this is usually a very painful area.

In abdominal operations I have used it with some anoci-association, blocking-off. It takes a little longer for an operative procedure under these conditions. Whether we have had the results Dr. Crile has had is questionable. Dr. Crile uses it in anoci-association for reduction of shock. If the shock has been any less we have not, only in a few instances, been able to determine that part of it. Surgical shock depends practically on two things. First, I believe a large per cent. is due to the anesthesia itself. All the incision and manipulation of the tissues do not produce the extreme shock that we have from the anesthesia. Second, the shock depends upon the length of the operation and upon its severity. A great many simple operations that require say a half hour to an hour and a half there is not much shock. One feature of urea and quinine hydrochlorate anesthetic is that it does not have the immediate action of cocaine. It is slower in its action, and for the removal of any local growth you might inject it to-day and do the operation to-morrow and still have anesthesia.

I have used novocain in the skin, in the fascia, in the musculature down in the perineum, and with that I use the urea and quinine hydrochlorate. I believe the urea and quinine does reduce the after-pains in a great many operations, on account of its lasting effect. I

have found urea and quinine is the best anesthetic for a period of four days, and, in one instance, it extended beyond that period of time. Being slow in action and longer in its effect it is a very desirable remedy to use in the abdominal cavity where we have a considerable amount of peristaltic action. I think novocain has come into general use, and I believe it is one of the best local anesthetics we have.

DISCUSSION.

Dr. H. H. Helbing (St. Louis): The subject of local anesthesia in surgery is getting to be quite universal. The use of a local anesthetic is becoming universal, so much so that the *American Journal of Surgery* now has an anesthetic supplement describing all kinds and methods of using local anesthesia, not only immediately local, but in localization work, blocking off nerves, etc. The preparation that I use is in strength the same as that used by Dr. Shewman. I did not catch just the way he prepares the solution. Possibly an addition to his remarks might be of use to the members; that is, use a normal saline as the base in a one-half of one per cent. solution, and to that I add, as a rule, ten drops of 1 to 1,000 solution of adrenalin chloride. This will tend to suppress hemorrhage and the blood will not obstruct your field, so you can work more rapidly and necessarily shorten the time, which is often lengthy at the best. For instance, while you are operating you often have to cease for a few minutes after injecting more solution into the deeper tissues and then proceed again, and the blood may flow so that you have to use splints and so you lose time.

Another agent perhaps that will be of assistance, especially in helping to produce the anoci-association of Crile, is H. M. C. You will find some nervous patients that possibly will not make good patients for local anesthetic work. With such patients to use H. M. C. at the beginning will blunt the nerve sensibility as far as the general nervous condition is concerned, and it will be a great aid in the process of operating, as you will not have the patient resisting and suffering pain, which is not real pain, but just a mental impression of pain. You will suppress that feature of the case and you will find that your operation will proceed more smoothly often after the use of this agent than it would otherwise had you not used the H. M. C. There are objections to this agent on the part of many physicians, and it is an agent that must be in the hands of men who have had practical experience in its use. We must be careful and reasonable, and not radical. In that way the agent can be used without any danger. In my opinion, you will find it a great aid.

Dr. O. C. Baird (Chanute, Kansas): I would like to say that one very important thing has been omitted, and that is the fact that it is fool-proof. I have used it in many cases, six or eight drachms—for a circumcision, and two drachms is nothing in an ordinary case, of one-half of one per cent. solution. I saw Dr. Kocher—who is one of the most lovable characters in the Old World, he reminds me of old Dr. Freeman, the man who taught surgery at the Cincinnati Medical College—remove an exophthalmic goiter fully as long as these two glasses one on the other, but he used a very large quantity. If he had one he had forty syringes placed all around, and at one stage of the operation he must have had two dozen hemostats in view. He had the man's face covered, and occasionally he would ask, "Does it hurt?" and the

man would shake his head. He was two hours operating that case, and, as soon as he was through, the man sat up on the table, and when the dressing was put around it he went out, waving his hand to us as he went. Dr. Kocher made the statement that it is as nearly foolproof as anything you can use, so I say it is a good thing in my hands. I use it for lancing a boil, for removing a tumor, for removing a splinter or a foreign body. It is absolutely safe. If you start to make your incision and the blood spurts, wait a little bit—I would say five or six minutes instead of two or three—give it time. It is a splendid remedy. The quantity to be procured is rather limited now, but it will be better a little later.

Dr. G. A. Rowe (Buffalo, New York): I want to refer to Dr. Crile's anoci-association for the prevention of shock. First, I want to say to our Eclectic physicians that all physicians in reporting surgical cases should be extremely careful not to exaggerate. One of the faults of many physicians is that in their enthusiasm to prove a point, they exaggerate. I have attempted to prove the usefulness of Dr. Crile's methods in preventing shock in surgery, and I must confess that I have been utterly unable to obtain the percentage of successes that he claims. Especially is this true in renal surgery. I have been trying for years to find a remedy that would prevent shock—and the injury that accompanies it—following operation for removing papilloma of the bladder or stricture of the renal passage. Thus far I have been unable to do it. I have tried Dr. Crile's methods according to his instructions. My operations, however, have been performed under cocaine. I am a firm believer in cocaine. It has carried me through very many dangerous and difficult places. I do not want to go back on cocaine. I use one or two, or two and one-half per cent. solution, and you can begin operating within three or five minutes, although, like the other speakers, I do not think it is necessary to hurry in any operation. But if anyone can give me a remedy that will prevent shock I would be very glad to have it. I have been able to modify shock greatly if I have a week or a few days preparatory treatment, by giving gelsemium in ten-drop doses, four times a day, accompanied by a half teaspoonful of acetate of potash twice a day.

Dr. F. M. Andrus (Lincoln, Nebraska): I do not know that I can offer a cure-all for shock, but I find the best preventive is to use a competent anesthetist. I do not pretend to know how to give an anesthetic myself, but there are a lot of people in the medical profession that know how to give it. I have had one case of shock from the anesthetic in eight years, due to the fact that I did not have a competent anesthetist. The reason you do not have shock from your novocain is because the man giving it is doing the operating and continually has control of his anesthetic at his needle's point. His patient is able to tell him whether he is hurting or not, and he can give just enough to keep it from hurting. The use of ether and chloroform has been discussed extensively, and the conclusion evidently is that in the larger institutions at the present time nothing but ether is used, but I believe there is very little chance for shock from either of these anesthetics, if properly given.

Dr. H. W. Powers (Amherst, Ohio): Let me commend, for your favorable consideration, the apparatus on exhibition on the lower floor for the administration of ether and chloroform.

COCAINE.

J. P. Harbert, M.D., Bellefontaine, Ohio.

A four per cent. solution is employed for most cases requiring a local anesthetic in office practice. Two or three drops are instilled in the eye prior to the removal of foreign bodies, the application of silver solution, excision of pterygia, probing the lachrymal duct, opening of abscess of the lids, chalazion operations, etc. The eye should be kept closed immediately after the instillation of the drug, as this largely neutralizes its hurtful action on the cornea. In the usual dosage there is moderate dilatation of the pupil, slight cycloplegia, and anemia of the conjunctiva.

In nose and throat practice it is usually employed in a four per cent. solution for slight operations. For more severe work it may be employed in ten to twenty per cent. solutions. For tonsillectomy a one-half of one per cent. solution may be infiltrated into the adjacent tissues.

Cocaine is only slightly useful in ear practice, and here, as in the more serious nasal operations, the writer's preference is for nitrous-oxide anesthesia.

It should always be kept in mind that cocaine is a dangerous poison and a number of deaths have followed its ingestion.

TONSILLITIS.

J. Paul Harvill, M.D., Nashville, Tenn.

We have been convinced beyond a doubt that many infections enter the human body through the poorly guarded gateway of the tonsil. Acute nephritis, chorea, pyorrhea, bronchitis, tuberculosis, rheumatism, adenitis, Riggs' disease, otitis media, sinusitis, endocarditis and meningitis can frequently be traced to an acute tonsillitis.

I might have included in the above, appendicitis, for the very good reason that in the last five years I have had three cases of appendicitis following closely after tonsillitis. If constipation is a factor in the etiology of appendicitis, then we know that tonsillitis might cause appendicitis, for all of us who have treated tonsillitis know that the disease has no more constant symptom than that of constipation. In every case it requires more than the ordinary purgative to give the desired effect. The future promises many discoveries along this line.

Jonathan Wright's aphorism that "the tonsillar crypts are test tubes in which bacterial culture are constantly opposed by the resisting power of the tissues" is a generally accepted truism, considered in the light of metastatic infections.

Dr. Richard J. Tivnen, of Chicago, has recently suggested the possibility

of the close relation of some cases of goiter to an infected tonsil. He cites two cases where, after enucleation of the tonsil, the smothered feeling and extreme nervous symptoms disappeared entirely and the goiter mass was reported gradually subsiding.

The extent of the metastatic infection from the tonsil does not depend upon the size of the tonsil. Many physicians in general practice may conclude because the tonsil is small it is not diseased, and, therefore, not an etiologic factor in the case in hand. But, you must remember that the so-called submerged tonsil is often the most dangerous and is more productive of metastatic infection, because the enlarged tonsil affords a better drainage, for the reason that in the act of deglutition it squeezes or milks the crypts and the retained infection is not permitted to be retained, propagated and disseminated in the general system.

Knowing the facts as above outlined it certainly behooves the general practitioner to be more guarded in the future in the prevention, care and treatment of this very prevalent malady.

I maintain that practically the same precautions should be urged in the treatment of tonsillitis that we insist upon in scarlet fever.

The patient should be placed in bed with proper ventilation and an even circulation maintained and a mild diet given until the tonsils return to normal.

The remedies used in tonsillitis by Eclectic physicians are few, but very accurate when carefully applied. Aconite, phytolacca, echinacea, gelsemium and chlorate of potash will control a great majority of cases when properly selected.

My main object in writing this paper is to urge the importance of giving more careful attention to details in the treatment of tonsillitis.

ENDOMETRITIS.

V. E. Duren, M.D., Hot Springs, Ark.

Inflammation of the corporeal endometrium may well be divided into five varieties. Endometritis congestive, constitutional, septic, gonorrheal, senile. Congestive and constitutional are sometimes called "simple endometritis," in order to distinguish them from the graver forms of the disease.

Congestive endometritis is found in two forms—glandular and interstitial. General hypertrophy of the mucosa is the rule in congestive endometritis, but, in some cases, it is limited to circumscribed areas. When the hypertrophy is excessive it is known as "fungoid endometritis." Sometimes, in the glandular variety, polypoid outgrowths are found upon the mucosa and are called mucous polypi. In some cases the endometrium is exfoliated in shreds, or as a cast at each menstrual period. This is known as "exfoliative endometritis."

Atrophic changes may replace the mucosa and its glandular elements by a connective tissue membrane. This variety is caused by any pathologic condition that produces stasis in the circulation of the uterus or the pelvis.

The chief causes are uterine displacements, especially flexions, tumors and polypi, subinvolution, lacerations of the cervix, pelvic tumors and adhesions, diseased tubes, suppression of the menstruation from exposure to excessive high or low temperatures and cold douching during the menstrual flow, acquired stenosis of the cervical canal, chronic constipation, sexual excesses, exanthemata, and improper methods of wearing the clothing, etc.

The disease develops slowly and is subacute before the patient is aware that she is suffering from any leucorrheal discharge. Many of the symptoms are not due to the pathologic changes in the endometrium, but to causative lesions. A group of symptoms may be due to a lacerated cervix, a displaced uterus, or pelvic adhesions. The chief symptoms are leucorrhea, pain, sterility, abortion, hemorrhage and menstrual disturbances.

The general symptoms are varied and sometimes it is difficult to make a positive diagnosis. Hypersecretion of the utricular glands is one of the leading and most constant symptoms. This discharge is usually thin and serous, but it may become mucopurulent or purulent, and, in some cases, it is of a milky color and in others it is mixed with a little blood. The discharge is usually comparatively without odor, but, if the patient is uncleanly, it may be very offensive and cause considerable irritation, and may be mistaken for malignant disease of the uterus. By the time the secretion reaches the vulvar orifice it is a mixture from the uterus, the cervix and the vagina. The character and quantity of the leucorrhea depends upon the condition of the endometrium. When the endometrium is hypertrophied the discharge is profuse but very slight after atrophic changes have occurred. It is usually very profuse in the glandular variety and frequently in the fungoid, or when the endometrium is the seat of mucous polypi. The general pelvic congestion that occurs at each monthly period increases the discharge for two or three days before and after menstruation.

The general symptoms are sometimes greatly exaggerated and take on various forms. The patient may present herself to the physician at or near the menstrual period with some of the general symptoms of a neurasthenic, but he must not be misled, for these will last for only a few days in an exaggerated form. Lack of desire for any kind of exertion, either mental or physical, gastro-intestinal disturbances, loss of appetite, anemia and a marked tendency to constipation, are often present. The general symptoms are not always well marked, and, in cases where the local lesions are slight, there may be no systemic disturbances.

The local and general effects of the causative lesion and other complications must not be lost sight of, as they are often responsible for symptoms that are wrongfully attributed to the inflamed uterus. The diagnosis is made by the history, the symptoms, the physical signs and the microscopic examination.

The history will aid in making a diagnosis. Unmarried ladies are not as liable to the septic or specific as the married. Married ladies being more exposed to septic and specific causes often suffer from the graver forms of endometritis. The fact that the patient does not know when the discharge began is significant and points to the simple variety of the disease. Grave infections come on suddenly and are usually, except in the case of gonorrhea, acute in the beginning and accompanied by well-marked symptoms. The history of a previous operation may suggest septic infection. This is especially true where the physician makes local applications to the uterine mucosa in his office and puerperal septicemia is not to be overlooked. A thorough knowledge of the patient's history will enable us to exclude the graver forms of the disease, unless the physical examination reveals some other cause.

The only subjective symptom that is at all characteristic is the leucorrheal discharge, but this means very little until its origin is ascertained. We may bear in mind that in a very large proportion of cases a leucorrheal discharge is uterine in origin and the endometrium the seat of the disease.

The physical signs are determined by recto-abdominal and vagino-abdominal palpation in searching for the cause which may be found in a lacerated cervix, in a retrodisplaced, subinvoluted uterus, or in one or more of the gross pelvic lesions already mentioned.

Having found the probable cause, we next examine the uterus itself for any change in size, shape, or consistency. As a rule, no changes can be detected except those that are due to the causative lesion. If the mucosa is greatly hypertrophied or fungoid, or polypoid growths are present, the uterus is rounder than normal, the cervical canal is patulous, and the parenchyma is more or less softened, and the fundus may be tender on pressure; but these local conditions are exceptional, unless due to periuterine disease. The speculum shows the size and shape of the cervix and the presence or absence of a pathologic lesion. If the cervix is lacerated and the mucosa everted, cleanse it with a pledget of cotton and then ascertain whether or not the secretion is coming from the endometrium or not. As a precaution against overlooking a beginning malignant disease microscopical examination should always be made.

Congestive endometritis may be mistaken for malignant disease of the body of the uterus, incomplete abortion, discharge coming from the Fallopian tubes, the vagina, or a ruptured pelvic abscess.

The differential diagnosis is usually not difficult. Sometimes a vaginal discharge may come from the Fallopian tubes, but if it does it will be accompanied by more or less intermittent pain. The discharge, which is profuse and very painful, ceases as soon as the tube empties itself, but reappears with painful contractions when it refills. In these cases you will usually be able to elicit a history of some form of infection, followed by chronic inflammatory lesion. If the origin of the discharge is in the vagina the history will point to some form of vaginitis. Pelvic abscesses are more likely to rupture into the vagina or rectum than the uterine canal.

The diagnosis is made by inspection and the locating of the fistulous opening. Irrigate the vagina well, introduce the speculum, dry the vaginal walls with gauze sponges, and begin at the vault and scrutinize the entire vaginal surface. If a sinus is present pus will be seen escaping and the diagnosis is confirmed by the passing of a probe. Even though a fistulous tract exists it may not discharge pus while making the examination unless pressure is made either through the rectum or abdominal wall. Some authorities tell us that in cases where doubt exists as to the source of the discharge a cotton-wool tampon placed against the external os for several hours will collect the secretions if they come from the uterus and settle the question of diagnosis; but this rule is not infallible, for the reason that the fistulous opening may be situated so close to the external os that it will be impossible to place the tampon above it.

The prognosis in congestive endometritis is usually favorable if the case is properly handled, but grave complications may arise from the practice of making intrauterine applications, the use of the sound, or careless operative and antiseptic technique. Endometritis due to a lacerated cervix is simple compared to that due to pelvic lesion or uterine tumor. Unless the cause is removed, endometritis will recur after it has apparently been removed. We must treat this disease very intelligently if we expect satisfactory results. The probability of polypoid or fungoid endometritis causing cancer should not be forgotten. It is my opinion that 35 per cent. of uterine cancers could be prevented by the early recognition of and the proper treatment of the various forms of endometritis. Would that I could discuss all these forms or varieties, but space will not allow. I will probably discuss the gonorrheal in my paper on gonorrhea.

The treatment is divided into: Prophylactic, removal of cause, and cure. Many of the causes can not be controlled, yet a fair proportion can, as the affection is often due to the traumatism of labor, improper treatment during the puerperal period and pernicious habits. Unless the cause is removed any attempt to cure the disease is futile, as it will recur in a short time after treatment. Example, if the disease is due to a retrodisplaced uterus, pelvic tumor, or a lacerated cervix the

treatment is remove the pathologic lesion and at the same time treat the diseased endometrium. If the disease is due to injurious habits, correct them first, that is before beginning treatment. When the causative lesion has resulted in fixation of the uterus, which is sometimes the case, the treatment of the endometrium will be postponed for a future time, as the dilatation of a fixed uterus may cause dangerous traumatism. When the disease is due to sexual excesses, constipation, improper methods of dress, imprudence during the menstrual period, etc., in addition to the correction of these injurious influences and curetting, a special plan of general and local treatment is indicated. The food should be the best obtainable and easily digested; red meats should be interdicted; copious draughts of pure water should be taken between meals. The Buffalo Lithia, Poland, and the hot waters of the Hot Springs, Arkansas, or even distilled water if these others can not be had, will suffice. Any tendency to constipation increases the pelvic congestion, therefore, the bowels should be kept active. Salines are best adapted to this condition because they lessen congestion. They should be employed daily. A little sodium chloride added to the drinking water is advisable. A judicious course of daily exercise should be faithfully carried out. The patient should be in the open air as much as possible and a daily indoor exercise is essential to strengthen the pelvic organs and the muscles of the abdomen and to stimulate the circulation of the pelvis. General massage should be given three times a week. When the belly-wall is relaxed a well-fitting abdominal binder should be worn, as it acts as a support and increases the retentive power of the abdominal viscera. The clothing should be supported from the shoulder, as any kind of constriction about the lower abdomen increases congestion of the pelvic organs.

Local treatment is important in lessening congestion. A douche of two gallons of normal salt solution should be used morning and evening. Twice a week the vault of the vagina and the vaginal surface of the cervix should be painted with tincture of iodin and a cotton-wool tampon saturated with a mixture of ichthyol (25 per cent.) and glycerin (75 per cent.) applied and left in position overnight, when the patient will remove it before taking the douche. Depleting the cervix is often followed by good results when the iodin is applied. The technique of this operation is very simple. The patient in the dorsal position, the cervix is exposed by a speculum and the posterior lip of the cervix drawn toward the surface with a bullet forceps. Multiple punctures are now made over the cervix with a small straight bistoury, ⅛ to ¼ of an inch in depth, giving the knife a rotary motion as it is withdrawn to increase the size of the puncture. From one to two ounces of blood are withdrawn. If bleeding is sluggish, apply pledget of cotton, saturated in warm water. It should be placed against the cervix. Should the bleeding continue after enough blood has been

taken it can easily be stopped by inserting a gauze packing into the vagina, placing it firmly against the cervix. The cure of the disease is finally accomplished by instrumental dilatation of the cervical and uterine cavities and the removal of the endometrium with a sharp curette, the technique of which may be found in any good work on gynecology. I believe most of the well-recognized authorities of today tell us not to pack the uterine cavity with gauze after the operation, as it will interfere with drainage; which is a fact if the gauze is left in place too long, but since it is a fact that some small spots of the endometrium are sometimes left untouched by the curette I believe it is better practice to pack the uterine cavity well with gauze and let it remain for a short time only, say two to four hours, which will remove these spots, if any have been left. I find that my patients make a more uneventful recovery when I follow this method. The bleeding need not give you any concern usually, although it may be profuse during the operation.

The patient should remain in bed for a period of two weeks after the operation. This is longer than is often required, but it is necessary, as the congestion of the pelvic organs is greatly benefited by prolonged rest in bed. The normal saline douche should be given three times a day while the patient remains in bed, and twice daily for three months or longer after she leaves her bed.

Grave tubal lesions are likely to occur after the common practice of making frequent caustic or alterative intrauterine applications, as septic inflammation is likely to result. Such applications are utterly useless, as it is the deep structure of the endometrium that is affected and can be cured by the curette in connection with the other necessary treatment.

Sometimes the disease recurs after the curetting, and we find it necessary to repeat the operation once or oftener. I did want to discuss both the varieties of simple endometritis in this paper, but I find that I am taking up too much time, although I have tried to be as brief as possible. Just a few remarks about constitutional endometritis may not tax your patience beyond the point of tolerance. Constitutional endometritis is non-specific and is always subacute or chronic, and is primarily due to constitutional causes which produce hypersecretion of the glands of the uterine cavity. The chief causes are: Tuberculosis, anemia, scrofula, gout, rheumatism, chloremia, lithemia and chlorosis. Unlike the congestive form there are no local lesions producing a separate group of pelvic symptoms which either mask or change the uterine signs of disease. The following are the chief symptoms: Leucorrhea, which is the only constant one; hemorrhage, menstrual disturbances, pain, sterility and abortion. The diagnosis is made from the history, symptoms, local and general signs, and microscopic examination. Treatment is first, remove the cause, then cure

the disease. We must not lose sight of the fact that the general condition of the patient is primarily responsible for the pathologic changes in the endometrium; therefore, our first effort must be to correct any existing constitutional wrongs. If, after the general health has been restored, the discharge continues it is evident that the changes in the endometrium have become permanent and that the curette is required to effect a cure.

THERAPEUTICS OF FUNCTIONAL REPRODUCTIVE DISORDERS.

T. D. Hollingsworth, M.D., Akron, Ohio.

This subject was assigned me by the chairman of the materia medica section, with instructions to give the medical treatment fully; but the subject is too large for a short paper, so I will present a few remedies and their uses in diseased conditions of the reproductive organs only, not mentioning the other properties of the drugs except as their use in these conditions influence other functions.

Pulsatilla is one of our most valuable remedies in treating diseases of the reproductive organs of either sex; perhaps the action of pulsatilla on the nervous system, through the reflexes, makes it valuable in these conditions. Good results will always follow its use when indicated. Pulsatilla, dr. i; phytolacca, dr. i; aqua, oz. iv. Sig.: Teaspoonful every hour. With libradol as a local application, the tender testicle wrapped in absorbent cotton and some pressure applied to prevent excessive swelling, will quickly give relief in orchitis either from gonorrhea or a metastasis following mumps.

The nervous pregnant woman needs pulsatilla if there is a tendency to abortion in the early months of pregnancy with pain and nervousness. Black haw, dr. vi; pulsatilla, dr. i; simple elixir, q.s. oz iv. Sig.: Teaspoonful every one to three hours, as indicated by the condition of the patient.

Macrotys, dr. iii; pulsatilla, dr. i; simple elixir, q.s. oz. iv.; sig., teaspoonful every three hours will relieve the cramp-like pains and nervousness some women experience in the early months of pregnancy.

Suppressed menstruation from exposure to cold is relieved by drop doses of pulsatilla taken hourly.

The pain in the head that some patients suffer from near the menstrual period, during the menopause, is relieved by cactus, dr. ii; pulsatilla, dr. i; water, oz. iv. Sig.: Teaspoonful every two hours.

Tiger lily is a remedy that is slow in its action, but permanent results are obtained from it when indicated. With sharp pain in the region of the ovaries, congestion of the ovaries, heavy bearing-down pains, subinvolution of the uterus, give tiger lily, dr. iii; simple elixir, oz. iv. Sig. Teaspoonful every three hours.

Phytolacca has a selective action for the glandular system, and in acute

inflammations of the mammary glands is one of our most efficient remedies. Aconite, gtt. v; phytolacca, dr. i; water, oz. iv. Sig.: Teaspoonful every hour. Locally use phytolacca, dr. ii; glycerine, oz. ii. Sig.: Apply locally to the inflamed gland, then bind tightly with a broad binder.

The use of phytolacca in orchitis has been mentioned in conjunction with pulsatilla, and I believe the combination is better than either remedy singly. Phytolacca and glycerine is a good combination for local use in some inflammatory conditions of the cervix.

Black haw has given me great satisfaction in treating dysmenorrhea and other painful conditions in women. In dysmenorrhea, when the pain begins before the flow starts, teaspoonful doses of green fluid extract of black haw in hot water, given every thirty minutes to one hour, will usually give relief in a few hours; very often one dose will be all that is necessary. The use of black haw in cases of threatened abortion has been referred to already in conjunction with pulsatilla. There are cases coming on in the later months of gestation when large doses of black haw will carry the patient to full term, even after there has been some dilatation of the cervix. The patient should be kept in bed and teaspoonful doses of black haw given often enough to control the pain.

Saw palmetto and staphisagria will relieve the irritation in the bladder and prostate following cystitis or gonorrhea, causing an inability to retain the urine for any length of time. Give saw palmetto, dr. vi; staphisagria, dr. i; simple elixir, q.s. oz iv. Sig.: Teaspoonful every three to six hours according to the severity of the case. Saw palmetto has been used with success in treating sterility in the female where there is no organic lesions, according to reports in Ellingwood's "New Materia Medica." If further use in this direction proves its value in such conditions, it will be quite an addition to our therapeutics, as there are few reliable drugs for sterility.

LOBELIA INFLATA.

A. W. Davidson, M.D., Poplar Bluff, Mo.

I have had no experience with the crude drug lobelia. Forty years ago when I entered the profession we would occasionally meet with a so-called botanic, who resorted to the lobelia emetic for about all ailments they were called upon to treat. They generally traveled about afoot, and were about as full of egotism and ignorance as their saddlebags were of "roots and yarbs." While they accomplished much good and their methods were much more successful than that of the "regular" practice of that day, their dosage was so gross and nauseating they naturally gave way to the cleaner, more highly refined pharmaceutical preparations, and advance in scientific knowledge of drug action.

The specific medicine, subculoyd, and acetated tincture are the preparations of lobelia I have used principally. The compound emetic powder and

the compound stillingia liniment I have used, and now use extensively, and I presume they owe a part of their value to the lobelia they contain.

While lobelia is unquestionably a valuable remedy, I do not take kindly to the idea that it is a remedy for every ailment to which flesh is heir, as it seems many medical writers would have us believe. The fact that medical men seem to be prescribing lobelia for about all diseases and under all conditions, with universal success reported, indicates one of two things—we need no other remedy or failures are not reported.

Lobelia was originally used almost wholly as an emetic, but is now rarely used for that purpose. It is no doubt exceedingly nauseating, especially to one who is not a tobacco user, though I doubt our ability to produce profound emesis with it in an inveterate user of "the weed." It is a powerful depressant, and it is highly probable that administered in the huge doses of the past, to persons with sensitive stomachs or children, the depressing effects are absolutely dangerous and no doubt often fatal. Probably only for the timely administration of some powerful stimulant, such as xanthoxylum or capsicum, many more fatalities would have been attributed to it than to the disease.

In time gone by I regarded lobelia as a certain cure for croup, but with my first case of the membranous form the conceit was all taken out of me. In diphtheria its administration, in my judgment, is a waste of time and almost amounts to trifling with the patient's life. In spasmodic croup, or a laryngeal spasm from any cause, we have in lobelia a good remedy. In many cases of laryngeal trouble, with accumulations of mucus, the acetated tincture of lobelia is a valuable drug. In acute laryngeal troubles it is frequently well to add the acetated tincture of lobelia to the aconite and ipecac mixture. Probably the vinegar is entitled to part of the credit for the relief obtained.

Lobelia is a powerful depressant and antispasmodic, and, so far as my experience goes with the drug, this constitutes about its only therapeutical action. So far as its power to restore the equilibrium of the circulation is concerned, it seems to be due to the relief of muscular spasm, which is causing localized if not general congestion. In combination with aromatic spirits of ammonia it proves an excellent remedy in asthma. In gastro-intestinal spasm and the convulsions attending tetanus, eclampsia and cerebro-spinal meningitis, in combination with gelsemium and veratrum, it is valuable.

While we could not well afford to dispense with lobelia in our therapeutic armamentarium, let us, in so far as possible, definitely locate its action. It certainly has a definite field of action, and to prescribe it indiscriminately is a reflection upon our knowledge of it and calculated to discredit a valuable drug.

The small dose of lobelia is something of a stimulant to the sympathetic nervous system, not so good as belladonna or ergot, but may prove of some

value in a sluggish circulation. In the gross dose it is a sedative to the cerebro-spinal, and to some extent the sympathetic nervous systems.

Through the latter action, muscular energy is impaired and tendency to dilatation of hollow organs engendered. For this reason I do not regard it highly in obstetrical work; the small dose accomplishes nothing, and the large dose impairs uterine energy and retards the labor. Taking it all in all, lobelia has been many times a disappointment to me.

BELLADONNA.

N. M. Dewees, M.D., Cambridge, Ohio.

The exhibition of this remedy is not called for so often as many other remedies we use, but when a condition presents calling for it, it is impossible to find a substitute, a something to take its place.

The condition calling for belladonna is one of congestion of a part, organ or tissue. The symptoms: Drowsiness, dulness of the intellect, hebetude; the face pale, expressionless, the pupils of the eyes dilated, are all symptoms of one condition calling for this remedy.

The patient may sleep so soundly at night that he feels little refreshed when awakened. In patients troubled with polyuria or diabetes insipidus, this condition is prominent and points to congestion. It is of service in any of the eruptive diseases with the above-named conditions. If given in small doses, as specific medicine belladonna, drops five to ten, water four ounces, a teaspoonful every three to four hours, in cases exposed to scarlatina, it will greatly lessen the severity of that disease, although not a prophylactic.

In many forms of acute disease, where the patient is quite low, a time often comes when no one can tell how the outcome will be. The patient does not seem to notice anything, lays quietly and dozes or sleeps with the eyes partly open, the temperature may be subnormal; if so, this remedy is especially indicated.

We sometimes have a very feeble newborn babe to deal with. The child is very weak; the cry is weak and piping, as if it came from the cellar. The temperature is subnormal. In this case two drops of belladonna is added to two ounces of warm, sweetened water and a teaspoonful given every thirty minutes until reaction takes place, then every one or two hours, as the case demands. The majority of these babies will die within a few days, but I have seen them warmed and gain strength by this treatment as if by magic.

Not very many years ago this remedy was frequently mentioned in the treatment of children for bed-wetting. Of late, there has been very little said of belladonna in the treatment of this disorder. If given to every child that wets the bed indiscriminately, it will fail more often than it benefits. Let me give the indications in which it will not fail.

The child is pale, quiet and of a passive disposition, sleeps so soundly at night that to shake them, roll them about or stand them on their feet, they seem as sound asleep as ever. In this case, the urine voided is in excess of normal, the urine seems to come through the kidneys like water through a sieve. Give specific medicine belladonna, six to ten drops; water, four ounces; a teaspoonful every three or four hours. The last named condition points to congestion or passive hyperemia.

Now let me describe the case in which this remedy should not be given. The child is nervous, irritable and fretful, does not sleep well, is easily awakened, wakes with a start or cry, voids urine much too often, which scalds and burns in its passage. The bladder in this case is irritable and contracts on its contents when not more than an ounce or two collects, whether awake or asleep. Many of these children will have an abnormal temperature, with flushed cheeks and bright eyes during the after part of the day. This is a case of active hyperemia, where gelsemium and rhus are indicated.

The ordinary dose of specific medicine belladonna is five to ten drops, water four ounces, a teaspoonful every one to three hours. Locally, belladonna is of service in a limited number of cases. To prevent discoloration of the skin from bruises, paint the part with hamamelis and belladonna equal parts. In pile tumors with purple discolorations, glycerol of tannin and belladonna in the same proportion will relieve the soreness and soon reduces the swelling.

EYE DISEASES DUE TO NASAL LESIONS.

C. M. Neldon, M.D., Coshocton, Ohio.

A continuation of the mucous membrane which covers the entire nasal cavity extends up the lachrymal duct to the conjunctival sac and many infections of the nares may pass up to the eye through diseased conditions of the membrane lining the duct.

Experiments have also proven that micro-organisms will enter the aqueous and vitreous humors of the eye, both with and without obliteration of the lachrymal duct, and the absence of general infection proves conclusively that the bacteria penetrated directly from the nasal mucous membrane into the eye and conjunctival mucous membrane, or from the lymphatics of the nasal mucous membrane into the ethmoid cells, thence into Tenon's capsule and on into the eye.

I have found in many cases of asthenopia or where the patient complains of a sense of strain and weariness in the eyes and head set up by use of the eyes, and the patient says the eyes gives out, that a thorough examination of the nasal cavity will reveal much of the cause.

It may be an enlarged turbinated bone, septal spur, or a deflected septum. We have examined and operated on cases, which had been

refracted by good men and got no relief from browache and headache, that were completely relieved by the removal of pressure in the nares and were able to dispense with the use of glasses. Inflammation of the mucous membrane of the ethmoid cells may cause the same condition, as it makes little difference whether the pressure is from within the ethmoid cells or without, so long as the pressure is exerted upon the sympathetic fibers of the sensory motor branches of the trigeminus.

It is not the toxemia from infection of the sinuses, but the irritation from intranasal pressure that produces the eye lesion, as the removal of the offending middle turbinate or septal spur brings speedy relief of the asthenopia.

Headaches produced by the above conditions are of the ocular rather than the sinus type, as they are aggravated by the use of the eyes and are relieved upon retiring, while sinus headache is not always aggravated by using the eyes and is generally more severe when the patient wakes in the morning.

REVISED CONSTITUTION AND BY-LAWS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Adopted June 23, 1911, at Louisville Ky.

CONSTITUTION.

Article I.—Name.

This society shall be known by the name of "The National Eclectic Medical Association."

Article II.—Object.

The object of this Association shall be to maintain organized co-operation between the several State Eclectic medical societies and Eclectic medical colleges, for the purpose of promoting the art and science of medicine and surgery, the dissemination of beneficial knowledge and the Eclectic practice of medicine.

Article III.—Membership.

The Association shall consist of such members as are members in good standing in the several State Eclectic medical societies that are members of this Association, and of such other members uniting independently from the States where there is no State Eclectic medical society.

State Eclectic medical societies in the several States, accepting the provisions of this Constitution and By-Laws of this Association, may become members of this Association, and shall be represented as follows: Each State Eclectic medical society that shall become a member of this Association shall select at its annual meeting one delegate and alternate to represent them in this Association. Each Eclectic medical college recognized by this Association, as provided by the By-Laws, shall be entitled to one delegate. In States where there is no State Eclectic medical society, individual members of this Association residing in such States may select a delegate from their number, and on their failure to do so the President of this Association shall appoint such delegate. They shall meet and organize on the first day of each annual session.

All such delegates shall present to the Secretary of this Association credentials from their respective societies, with the seal affixed; and in States where there is no society the representatives shall present credentials signed by the members who elected him, or by the President of this Association. They shall meet and organize on the first day of each annual session. All sub-committees appointed by them, together with their time and place of meeting, shall be posted.

To them all resolutions, reports, propositions and suggestions relative to financial and business affairs, management and legislation of the Association, as well as all other than medical and scientific subjects, shall be referred without debate thereon, and no discussion shall be had in the Association upon any subject referable to them, except upon the report which shall be made to the Association for consideration.

They shall upon the last day of each annual session of this Association, by ballot, elect the officers and select the meeting-place for the next annual session of this Association.

State Eclectic medical societies that are members of this Association shall pay an annual per capita tax of Two Dollars for each member in good standing in said society.

By virtue of the payment of this per capita tax, each member of said society in good standing may become a member of this Association, and thereby entitled to all the privileges and immunities of this Association.

Those uniting from States where there is no State medical society, the annual per capita tax shall be Two Dollars.

Article IV.—Officers and Executive Committee.

The officers of this Association shall be: A President, three Vice-Presidents, a Corresponding and a Recording Secretary, and a Treasurer, who shall severally exercise the powers and duties assigned to such officers by usages of parliamentary and corporate bodies. They shall constitute the Executive Committee of the Association for the transaction of all its business and affairs, when the Association is not in session, except such as shall have been delegated to standing and other committees. Their official paper shall, wherever practicable, be authenticated by the seal of the Association.

Article V.—Committee on Status and Organization.

The Committee on Status and Organization shall consist of the Recording Secretary of the Association (who shall be its chairman), the secretaries of the several State Eclectic medical societies, and one member of this Association, or other suitable person, to be appointed by the President, from each State in which there is no State Eclectic medical society. This committee shall meet on the evening of the second day of each annual session, to consider the condition of Eclecticism in the several States, and ways and means for a more perfect organization in this Association. The report of the committee shall be submitted to this Association on the morning of the third day of the session.

Article VI.—Reports and Essays.

Within three months after the close of each Association, the President shall designate members as chairmen and secretaries of the several sections, whose duty it shall be to procure papers and reports for their respective sections, to be submitted at the ensuing annual session. Every member of the Association, however, may communicate to the Association or its Secretary, such discoveries, improvements, suggestions and interesting cases as he shall consider useful, and may present papers or essays on topics connected

with medical science or practice, and the same, whenever judged of sufficient importance, may be published in the QUARTERLY.

ARTICLE VII.—MEETINGS AND QUORUMS.

This Association shall convene in annual session at 10 o'clock A.M. on the third Tuesday of June in each year, and at such place as shall have been designated. The Executive Committee, however, shall have power to change time and place in case an emergency shall arise that makes such change necessary or expedient. The period of each annual session shall be three days or more. Twenty-five members, representing at least five States, shall constitute a quorum for the transaction of business.

ARTICLE VIII.—AMENDMENTS, BY-LAWS, ETC.

This Association has power to enact by-laws for its government, consistent with the provisions of this Constitution, and to suggest forms of constitutions and by-laws for the State societies which elect to become members of this Association. Amendments thereto, and to this Constitution, may be made at any annual session of this Association, by an affirmative vote of not less than two thirds of the members present, notice thereof having been given at the previous annual session and printed in the announcement of the session at which the vote is to be taken thereon. Such previous notice, however, may be dispensed with, and an amendment adopted at the annual session at which it is proposed, if, after laying on the table one day, the vote thereon is unanimous.

BY-LAWS.

ARTICLE I.—MEMBERSHIP.

SECTION 1.—Upon the recommendation of the Committee on Credentials, this Association may receive as members such persons who are members of a State Eclectic medical society a member of this Association, who are graduates of Eclectic medical colleges that are recognized by this Association; or such Eclectic practitioners as may be legally qualified to practice medicine in their respective States; or other reputable physicians, qualified as above, who pledge themselves to uphold the principles of Eclecticism, as shall be duly recommended by a State Eclectic medical society that is a member of this Association; also applicants from States where there is no State Eclectic medical society; also persons of high scientific attainments in the United States, and foreigners of high medical and scientific attainments; and citizens who have rendered signal service to the Eclectic medical profession, may, upon the nomination of a member of this Association and the recommendation of the Committee on Credentials, at any annual meeting of this Association, be elected to membership at the next following annual session.

SECTION 2.—Each State Eclectic medical society that is a member of this Association is entitled to send names of new members at any time to this Association. Credentials shall set forth his or her academic rank, the institution from which and the year in which he or she received the degree of Doctor of Medicine, and time during which he or she has been engaged in the practice; also applicants presenting credentials as above, from States where there is no State Eclectic medical society, may, when recommended by the Committee on Credentials, be elected to membership in this Association, and their per capita tax shall be Two Dollars.

SECTION 3.—The Committee on Credentials shall post in a conspicuous manner, in the place of meeting, all names referred to them, before action

shall be taken thereon. Each applicant reported favorably by the Committee on Credentials shall be admitted without vote, unless vote by the Association shall be demanded by any delegate.

ARTICLE II.—FEES AND DUES.

SECTION 1.—State Eclectic medical societies that are members of this Association shall after the first year pay a fee of Two Dollars as annual dues per each member in good standing in said society, which shall be forwarded to the Secretary of this Association within ninety days after the annual meeting of said society. Persons who reside in States where there is no State Eclectic medical society shall pay a fee of Two Dollars as annual dues, to be remitted to the Secretary of this Association.

Past Presidents and other worthy members of this Association may, by a two-thirds vote at an annual session, be exempt from the payment of annual dues, but not from the duty of annually reporting place of residence; and members so exempted shall be designated as "exempt members." Also members of State societies that are members of this Association, who are exempted from dues in their State society, shall also be exempted from dues in this Association, but all "exempt members" who desire THE NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY must pay the subscription price of One Dollar annually, as the postal laws require.

SECTION 2.—Each member shall be entitled to a certificate of membership, duly authenticated by the signature of the President and Secretary and the seal of this Association, and shall also be entitled to THE NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY. Duplicate certificates of membership may be given in case the first certificate be lost, on payment of Two Dollars.

SECTION 3.—On the second and also on the third day of each annual session, the Secretary shall report, in open session, the names of all members in arrears for dues for more than one year. A member so reported shall not be entitled to exercise the right of membership until his or her arrears for dues shall be paid.

SECTION 4.—Any member whose dues have not been remitted by the secretary of his State society shall stand suspended without further action of this Association. A suspended member may be reinstated by reinstating in the State Eclectic medical society of which he or she was a member, and paying all arrearages and dues to this Association. A suspended member who resides in a State where there is no State Eclectic medical society may reinstate on recommendation of the Committee on Credentials and payment of all arrearages and annual dues.

ARTICLE III.—ETHICS.

SECTION 1.—The members of this Association shall exercise towards each other, towards all other physicians, and towards all mankind, that courtesy and just dealing to which every one in his legitimate sphere is entitled, and any departure therefrom shall be deemed unprofessional, undignified and unworthy an honest practitioner of an honorable profession. It shall also be regarded as unbecoming to engage in any form of practice or of advertising which shall tend to lower the physician in the esteem of the community, or to reflect discredit upon his professional associates.

ARTICLE IV.—DISCIPLINE OF MEMBERS.

SECTION 1.—Any member may be officially censured, invited to withdraw, or be expelled from membership, for unprofessional or other improper conduct, or for violation of professional comity, but specific charges shall first be made in writing, and one copy presented to the accused, or to some

person authorized to act in his behalf, and another to the Secretary, at least one month before the annual session at which action is taken.

SECTION 2.—A member of this Association who commends a proprietary medicine which is advertised to the public, whether the formula be known or not, shall be subject to discipline, as above provided, for unprofessional conduct.

SECTION 3.—Any person expelled from this Association shall not be reinstated until the State Eclectic medical society to which he belonged shall show good and sufficient cause for his reinstatement; and in case he or she resides in a State where there is no State Eclectic medical society, said sufficient cause must be shown to the Committee on Credentials.

ARTICLE V.—MEDICAL COLLEGES.

SECTION 1.—The schedule of requirements for graduation of students in medical colleges recognized by this Association, shall be the same as prescribed by and fulfilled in the minimum requirements of the National Federation of Eclectic Medical Colleges, which Confederation shall be under the direction of this Association, and to it shall be referred for its action all matters pertaining to the study of medicine. At each annual session of this Association, the National Confederation of Eclectic Medical Colleges shall report for approval all business transacted by it. No college shall be given recognition by this Association as a medical college until it shall have held four annual terms and graduated a class, and shall be shown to have complied in all other respects with the requirements of the National Confederation of Eclectic Medical Colleges. The list of medical colleges recognized by this Association shall be published in the Transactions of each annual session.

ARTICLE VI.—DUTIES OF OFFICERS.

SECTION 1.—The President shall have general supervision of the Association, and shall appoint the following standing committees, in addition to those named in the Constitution:

(1) *On Credentials:* An annual committee, to consist of three members, no two of which shall reside in any one State, to act on applications for membership and reinstatements.

(2) *On Grievances:* An annual committee, to consist of five members, to whom shall be referred all complaints and disputes between members, and charges against members of unprofessional conduct.

(3) *On Organization and Legislation:* An annual committee, consisting of one member from each State. To this committee shall be referred, without motion, all matters pertaining to the enactment and enforcement of laws for the regulation of the practice of medicine in the several States, affecting the status of Eclectic medical colleges and Eclectic physicians of such States.

(4) *On Finance:* An annual committee consisting of three members, to whom shall be referred all matters of expense for the ensuing year, excepting salaries and such other expenses as may be fixed by this Association. In case this committee shall fail to approve or disapprove any bill, within ten days after its submission for approval, the Secretary may report the omission to the President, who with the Treasurer and one of the Vice-Presidents, shall thereupon have power to approve or disapprove such bill.

(5) *On Necrology and History:* To consist of three members.

(6) *On Audit:* It shall be the duty of this committee to audit the accounts of the Secretary and Treasurer, and report at the annual meeting at such times as the report may be called for.

SECTION 2.—The Vice-Presidents are to co-operate with the President in

furthering the interests of this Association, and, in case of his absence or death, assume his duties in their respective order.

SECTION 3.—The Recording Secretary shall have charge of the proceedings of this Association, and shall act as custodian of the property of the same. He shall keep the records of the meeting, and shall keep a complete file of all books and papers belonging to the Association. He shall receive all moneys belonging to the Association and pay them over to the Treasurer without delay. He shall receive an annual salary of Two Hundred Dollars. He shall give a surety bond of Five Hundred Dollars for the faithful performance of his duties. At the expiration of his official term he shall turn over to his successor, in good order, the appurtenances of his office.

SECTION 4.—The Recording Secretary and Treasurer shall receive reimbursements for expenses incurred, for travel to and from the meetings, together with hotel bills.

SECTION 5.—The Corresponding Secretary, in addition to the usual duties of such office, shall, under the direction of the President, have charge of and make arrangements for the sessions of the Association, and shall procure reduced railroad rates, and otherwise aid the officers in the performance of their work, and shall edit the QUARTERLY.

SECTION 6.—The Treasurer shall receive moneys from the Secretary, and disburse and have charge of all moneys belonging to the Association, paying all current and other bills approved by the Finance Committee. He shall render a statement, at the close of each fiscal year, of his receipts and disbursements. He shall receive an annual salary of One Dollar. He shall give a surety bond of Three Thousand Dollars for the faithful performance of his duties. At the expiration of his term of office he shall turn over to his successor, in good order, the appurtenances of his office.

ARTICLE VII.—SECTIONS, PAPERS AND ESSAYS.

SECTION 1.—Provision shall be made for the holding of as many sections as may be desired, at annual sessions of this Association. All papers designed for this Association shall be accepted and read, or referred by title to its appropriate section, and become the property of this Association. In the absence of any officer of any Section, the vacancy shall be filled by an appointment by the President.

SECTION 2.—The chairman of each Section shall convene his Section at the earliest possible opportunity, and all papers that have been submitted shall be considered, and the recommendations of the Section communicated to the Association. The reading of any paper or essay shall consume not more than fifteen minutes, and no member or members shall speak more than twice on the same subject, nor consume above three minutes. The entire discussion of any subject shall not occupy more than thirty minutes.

SECTION 3.—No paper or essay shall be presented in any Section except by a member of this Association.

SECTION 4.—The secretary of each Section shall submit to the Corresponding Secretary of the Association a full list and report of all papers and essays presented, and the Section's recommendation thereon, and at the close of each session of a Section shall deliver all papers, essays, documents and records of the Section to the Corresponding Secretary of the Association.

ARTICLE VIII.—TRANSACTIONS AND PUBLICATIONS.

SECTION 1.—All papers read or submitted by title to this Association shall be its property, and shall be published only at the discretion of the Publishing Committee in the QUARTERLY, though members may reserve the right, if they wish, to copyright the same, the fact to be so stated in the

published report of the Association. Papers, to be entitled to publication in the QUARTERLY, shall be in the possession of the Corresponding Secretary within twenty days after the close of the annual meeting of this Association. No paper previously published in any other periodical, or in any other form for distribution to the public or to the profession, shall be published by this Association.

STANDING RESOLUTIONS.

Resolution adopted in Washington:

Resolved, That one hundred (100) reprints be given to all writers of papers who are members of the National, when desired, and all over one hundred be paid for by the writer at actual cost.

Resolution adopted in Washington:

Resolved, That in future meetings of this Association the Committee on Arrangements be required to give a detailed report of their expenses for entertainment and such other expenses as they may have to incur, and that any surplus shall be turned over to the Treasurer of the National Association.

Resolution adopted in Washington:

Resolved, That a contingent publication fund for the purpose of advertising our meeting be set aside, not to exceed one hundred dollars ($100), which can be drawn by order of the executive officers, the President, Secretaries and Treasurer, and used at their discretion.

Resolution adopted at Dallas:

Resolved, First, that the fiscal years commence June 1 for all financial affairs, including Secretary, Treasurer and Editor. Second, we recommend that the funds of the National Eclectic Medical Association be deposited in some bank that will pay interest on the same.

Resolution adopted at Cedar Point:

Resolved, That on and after the adoption of these resolutions, that no person shall be a delegate or hold a proxy from any State unless he is a bona fide resident of said State.

Treatment of Ivy Poisoning.

Studies of rhus toxicodendron show that its poisonous principle is a volatile acid resin; therefore, the treatment of rhus poisoning with an alkali is theoretically right. In practice the correctness of the theory is borne out; a saturated aqueous solution of sodium bicarbonate being one of the most efficacious remedies. Recently a note was made in these columns of the application of ice-water for rhus poisoning in the United States Army with good results. The possibility of combining the alkaline and ice-water treatments naturally suggests itself, and upon trial this has been found to be prompt and efficacious. In two cases which have come to our notice a saturated solution of sodium bicarbonate in ice-water applied freely and continuously to the infected area brought about prompt relief and a complete cure within twelve hours. In view of the suffering entailed by a severe attack of rhus poisoning and of the failure of the older methods of treatment with opium and lead water, grindelia, etc., it is well to bear in mind this method, which is easy of application and prompt in affording relief. We should be glad to hear reports from any of our readers who may try this method of treatment.—Editorial, *N. Y. Medical Journal.*

The National Eclectic Medical Association
QUARTERLY

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THE NATIONAL.

Within three months we shall meet in our annual session at Nashville, Tennessee, and I wonder how many have begun to plan for that gathering.

The section work has been assigned and accepted and the various officers have promised to take hold of the work and give us one of the best programs the National has ever had.

Some of the work has been assigned to men who have handled sections before, and many of the sections have been given to new men but men who are workers and know how things ought to be done, and, with the help of the older men of the Association who have promised to "lend a helping hand," we are assured of a fine program. The Entertainment Committee have promised us the "best" that Nashville has—and if you have ever been in that city you know what that means.

The East, West and North will be glad to visit our brothers of the great Southland and see the sights that are offered. We shall be able to visit some of the famous battlefields of the Civil War and many of the beauty spots of the great South.

Begin now, brothers, to plan on a vacation of a few weeks and get a new inspiration for your work. Come prepared to give as well as to receive something and you will be the better for it.

We have received the heartiest co-operation from Eclectics everywhere, and all join in hoping that the Nashville meeting will be one of our best.

Any suggestions that can be offered from any source that will be of benefit to the Association, we are anxious to receive.

This is your meeting; make the most of it.

W. E. DANIELS.

AN APPEAL.

When we are doing well, when we are healthy, busy and successful, we are wont to forget the needs of our cause. When some catastrophe stares us in the face, when unwise, unjust or discriminatory legislation threatens, to whom do we look, to whom can we look but the men who stand organized to defend the rights of, and protect the freedom of, the American citizens?

When we do not attend our societies, when we hold a dime or a dollar so close to our astigmatic or myopic eye that we see nothing else, we are apt to forget that our organizations stand for something more than the scientific advancement we all feel need of.

If our societies fail in what you want them to be, if our organizations do not measure up to your desires and needs, will they ever grow, expand, or develop if *our own* men stay away, knock and refuse their support—financial, social, scientific and moral?

"Laugh and the world laughs with you,
Knock and you go alone;
For a cheerful grin will pass you in
Where a knocker never was known."

It is all right to compliment a worker, hustler, loyal and true blue man who sacrifices time, money, rest and effort to protect and perpetuate a cause worthy of the support of *all* who make their living thereby; but it is cold comfort to him for you to never show an appreciative face at a meeting, to never warmly encourage by a contribution of a few scientific notes or well-proven facts, to never assume any responsibility in the direction or management of affairs by which you personally profit, whether you think of it or admit it or not.

Even the contribution of a cold $5.00 *alone* is cool comfort, not calculated to fire one's energy; and, while admittedly money is essential, it is far from being the only essential element.

Wake up, men! Imbibe some of the spirit of your leader, and do what you know is your duty to yourself, and I know that then your duty to others will be plain and easy.

Just now our entire country is passing through a peculiar period of combined depression and expansion. Many stocks have become inflated far beyond normal values, wages are high, food and all life's necessities have gone soaring; yet the average man finds little encouragement, for though his wages increase twenty-five per cent, the necessities of life have doubled and in some instances more than quadrupled in their advance. Real values, real worth, are for the present lost sight of in the fictitious inflation all charged to that bogie, the European war.

The professional side of American life has been experiencing some of the sensations of this peculiar and spectacular nature for some years, and, while the effect of the war is in some ways antithetical to the above, for the greatest part it bears much resemblance thereto.

European products, drugs especially, are practically out of the market, and as yet the profession and the "dear peepul" do not seem any the worse therefor. But we are having enacted the exciting "movie" scenario *et al* of an excess of "highbrow" scientific effort that in itself and alone is not so bad, for it will of necessity seek and find its proper level eventually, but with it we have that ever-increasing desire to rule, to dominate, to Europeanize our profession, when the ideas of Americans are far superior both in theory and practice.

With the increase in cost of medical and scientific education, with the substitution of un-American ideals for our own, we also witness an increase of the tendency to domineer.

"Autocracy in government and despotism in religion" has been well charged with the cause of the European war, and probably is the best explanation of its cause yet offered.

Are we to witness the same autocracy and despotism in professional life? It seems so. If we can learn anything by the signs of the times, it certainly would appear that this is to be our lot.

Patrick Henry said, "I have but one lamp by which my feet are guided, that is the lamp of experience," and may we not well be guided by our past experience, accentuated as it certainly is by the present tendencies? Or, "shall we lie supinely on our backs until our enemies have bound us hand and foot? Is life so dear or peace so sweet as to be purchased at the price of chains and slavery? Forbid it, Almighty God!"

Do our men who are drifting, our careless, happy and successful practitioners, imagine that a good cause will always survive without support, sacrifice and struggle? Have we not principles underlying them, and shall we not have loyalty sufficient to protect our own?

The time fast approaches for you to manifest a little of your loyalty, to get together, to plan and to study to advance yourselves and to perpetuate the cause which today makes you the envy of all because of your success. Will you do it?

W. P. Best.

THE WORM IS TURNING.

For many years, ever since the big money interests, in the form of the big educational foundations, have been trying to concentrate the general educational and medical institutions in the hands of a few rich corporations, we Eclectics have been trying to awaken the people to the danger facing them. We pointed out many times that the Rockefeller, the Carnegie and other foundations were trying to form educational opinions, and such policies would finally prove a menace and obliterate all publicly directed education.

Our voice was a lone one; the dear people stood still as college after college, independent institutions which would not bend their knees to the industrial propagandists, had to close their doors, owing to unfair means and unreasonable demands made on them. We were sorry, but we had

faith in the people, and today the light is about to come. Yea, even the Federal Bureau of Education is about to awake, and thanks to a few men like Senator Kenyon and Senator Chamberlain, this bureau is to be separated from the influence of the educational specialists employed and financed by the great foundations. Recent disclosures show that these great educational specialists have been employed by the Federal Bureau at a salary of one dollar each, but they were at the same time in the pay of some of the foundations!

The action of the Federal Government is timely and its influence will no doubt be felt in medical circles. It is a question of time now when many of the Eclectic schools will be in a position to reopen their doors and preach the pure doctrine of specific medication. It depends upon you, Eclectic brothers; it depends upon your liberality. The Council of Medical Education of the National Eclectic Medical Association has been trying hard to create a college fund for the support and improvement of the existing Eclectic medical colleges. We have appealed to many, or as many of the Eclectic physicians in this country as we could, for donations to that fund. If you have not as yet sent us anything, if you have overlooked this matter, wake up, brother, and send your mite; do what you can to help the cause, and thereby help yourself. The money received by the Council of Medical Education will be used for a specific purpose—to increase the facilities of the Eclectic colleges. Come, brother, let me hear from you. The colleges are yours, their future is in your hands, upon you depends their fate.

THEODORE DAVIS ADLERMAN.

QUACKS.

Through a contemporary medical publication we have our attention called to an article entitled "President of a State Medical Association a Quack."

The writer is, in his own mind, justified in drawing inferences, forming conclusions and making odious comparisons, all based upon the flimsy evidence furnished by a flaming advertisement, which he characterizes by saying, "Of course practically every sentence in this statement is a lie, but the laity does not know it."

He did not go to the trouble to ascertain any of the facts, else he might have left out some of the insinuations which call for a statement of facts from the standpoint of "our sectarian friends."

He asks a pertinent question with a dirty insinuation as follows: "But in all sincerity let me ask: Do you know of any president of a regular association, or of any secretary of a state board of regular medical examiners, who sends out lying circulars which would make old Dr. Gray, or Dr. Grindle (whoever they may be, possibly quacks of the regular fold), turn in their graves with envy?"

Possibly the writer quoted did not know that Geo. L. Dickerson is a

renegade "regular" who at one time graced the regular profession in Indiana. He now poses as an Eclectic, but he is not a graduate of an Eclectic college, and has about as much respect for Eclectics and their cause as the above writer who seizes the opportunity to besmirch Eclectics and at the same time expose his ignorance.

The association above referred to exists on paper, and is not Eclectic any more than the board upon which Dickerson and his associates sit.

This man is not, and can not, be recognized as an Eclectic.

His position is due to political preferment, and his actions are about as near within the intention of law and ethics as is the action of some regulars who are within the fold.

We desire to take this occasion of advertising the fact that the Eclectic school of medicine stood for clean, progressive and ethical methods for three-quarters of a century when they were persecuted and prosecuted by the "holier than thou" regulars, who are just as responsible for the existence of Dr. Dickerson and his ilk as any other branch of medicine could possibly be.

Dr. Dickerson and his advertising followers have been rebuked by the National Eclectic Medical Association and refused membership therein. Neither he nor any of his type are eligible nor desirable, nor is a society formed by such men eligible to affiliation with our National Association, which is made up of men who do not only *not* advertise, but they do not find it expedient to ask state legislatures to protect them and their business.

We are ethical, meet the same legal requirements, and in every way conform to the standards of gentlemen and representatives of a noble professional calling.

The Eclectics, as such, are no more responsible for the acts of irresponsible advertisers and medical barnacles than the self-styled regulars. Not being a resident of the State of Florida, we are not in a position to personally direct influence against such men, but we have urged and encouraged good men to join hands against such shameless methods and men as above referred to.

If Florida had a well organized body of no more than a dozen decent Eclectics, they could and no doubt would see that such men as Dickerson were not recognized by the Governor of the State.

We want it distinctly understood that there is a great difference between clean, honorable and loyal Eclectic graduates, of which there are several thousand, and the renegade Allopaths who style themselves as Eclectic in order to further some selfish or dishonorable motives. W. P. Best.

THE FIGHT AGAINST TUBERCULOSIS.

At this season of the year, when we are being appealed to to purchase "Red Cross stamps," and thus to aid in a small way in this fight, the query arises, Is the enemy being assailed from the proper flank? Is the fight bringing tangible results?

I am aware I will be censured for even questioning the methods being used by the state and various societies engaged in this work, but recent experiences with the state authorities and a perusal of the reports of various commissions upon its causes and prevalence have made me rather skeptical.

As I grow older I look upon these commissions and many other state and national commissions with misgivings and suspicion. I feel that much of it is simply to provide a place for another grafter upon the public till and results are not attained. In other words, the benefits received are not commensurate with the money expended.

I know it is fashionable to fall into line with all these new inspections, commissions, etc., and I am heartily in favor of any tangible move that will uplift the people morally, physically or spiritually. The question is, are we getting results in this fight? My own experience with the state authorities has been exceedingly unsatisfactory. If all physicians have had the same experience, there can only be but one answer, and that would be negative.

My unhappy lot was to come in contact with a family infected with tuberculosis. The mother and an infant had died. The oldest girl was infected and a small child was in the last stages. An appeal was made to the state authorities. A visiting nurse was sent for inspection. Questions were asked and literature left giving instructions how to live and what to eat. The state could and would do nothing because the father had nothing with which to pay.

The question naturally arose in my mind, why this visit? Why this expense? Is not the physician capable of giving this advice and distributing this literature? Can any tangible result follow such methods? Is not too much money paid for needless salaries and overhead expense? The Federal Commission in its investigation in Cincinnati couples with tuberculosis, poverty, with its consequent bad housing conditions. If this be true, how can we prevent or stay the progress of tuberculosis unless we remove in a measure the cause? In other words, the foundation. It is all very good to give advice and educate the people, but what does it avail if the means are not provided so the advice can be followed? Of what avail is it to tell the patients they must have more sunshine and air, and still permit the plutocrat to rent hovels and tenements which do not possess even a minimum of sanitation, but which are in fact breeders of disease in which scarcely a ray of sunshine or light ever penetrates?

I have wondered when in them, of what use are the building and sanitary inspectors? Of what avail is it to tell these people to eat eggs and drink milk when they do not possess the means to purchase a crust of bread? It is said that "more than $20,000,000 was spent in the United States in 1914 in the fight against the white plague." Have results justified this large expenditure?

It appears to me it would be far better to compel the owners of these miserable tenements to remodel them along sanitary lines, or, if too far gone for remodeling, the building inspectors should compel their demolition. Many of them are a menace to both life and health, veritable fire-traps. It

is time national, state and county authorities should give tangible results for the money used. It is time to begin the crusade at its fountain-head and compel the plutocratic owners of the hovels to comply with fire, building, sanitary and health ordinances. Of what avail is a dissertation on tuberculosis to the residents of such places? Health officers would accomplish far more by compelling even a modicum of cleanliness in these places than by some of the silly talk of the infectiousness of pneumonia, the danger of the common drinking cup and many other grandstand plays.

Practical work is what is needed, not theoretical. No amount of education, literature or community nurses will reach these people. Of what avail is it if you say to these people, "Be ye warmed and filled," and give him not those things needful for the body? This is the position of our "Tuberculosis Leagues," commissions and health authorities, if the report of the commission investigating the condition in Cincinnati be correct, "M."

EMPIRICISM VS. SCIENCE.

In a recent address the statement was made that there is a "constant conflict between empiricism and science." The question naturally follows, where does one end and the other begin? Are not the words often used rather loosely, and what is termed science is not science at all, but empiricism?

Empiricism is defined as being a "reliance upon direct and especially individual observation and experience to the exclusion of theories or assumed theories and sometimes of all reasoned processes inductive or deductive." "Empiricism, as its name imports, affirms that all our knowledge comes from experience, and is therefore subject to all the imperfections and limitations of experience."

Science is defined as "knowledge gained and verified by exact observation and correct thinking, especially as methodically formulated and arranged in a rational system; (2) any department of knowledge in which the results of investigation have been worked out and systematized; an exact and systematic statement of knowledge concerning some subject or group of subjects, especially a system of ascertained facts and principles covering and attempting to give adequate expression to a great natural group or division of knowledge."

The definition of science is not as clear or plain as is empiricism. It is supposed to be exact, as is the science of mathematics or physics. Carefully studying the definitions, the question arises, is medicine a science? A portion of it undoubtedly fulfills the demands of science; anatomy, physiology, chemistry and pathology are no doubt sciences, but this is not true of therapeutics. Eclectic and Homeopathic therapeutics come much nearer being a true science than does Allopathy. All are founded upon empiricism.

What can be a better guide to an individual than his own careful observations, repeated time and again over a number of years? Add to this the observations of many others, extending over a similar length of time, and if

their conclusions agree does it not constitute a fact, notwithstanding any or all inductive theories or reasoning?

Therapeutics is largely empiric and can only lay claim to be scientific by reason of the accumulated experiences and observations of a large number of observers. It will not do for any who claim to be scientific that because a remedy does not fulfill some theoretical or hypothetical laws laid down by themselves that it possesses no value. No doubt their observations are limited to experimentation upon animals and a poisonous action sought. It is neither honest nor right to say, for instance, black haw has no therapeutic action. The writer has verified its action time and time again, extending over a period of more than thirty years. His observations are attested to by thousands of others. Then why is it not a scientific fact? The "knowledge was gained and verified by exact observation and correct thinking."

An incident exhibiting the reason for some of the unbelief in galenical preparations occurred in the writer's experience. A noted gynecologist was discoursing before a small class on dysmenorrhea, and said that iron and tonics had been used and morphine to allay pain; dilatation had also been used, and now nothing was left but ovariotomy. Asked if viburnum had been tried, he replied, "No; I have no faith in it; I doubt its efficacy." The majority of the class had used it with benefit. Such is the testimony of scientific medicine against empiricism.

So-called scientific therapeutics has been floundering in the "slough of despond" for some time. It takes no stretch of the imagination to recall the past experiences and failures of this so-called science. Much is forgotten by the older and unknown by the younger men of the profession, but much of that classed as empiric still lives and grows in favor, has outlived and supplanted that introduced as scientific.

A few quotations from scientific sources may not be amiss. We have just been reading a fine article on rheumatism, but was amazed at the diversity of opinion as to its causes and treatment. This from "scientific medicine," medicine presumed to be exact. For instance, "Some writers insist that 'rheumatism,' and by that they usually include the varying disorders which have been classed under the name, is a manifestation of digestive trouble pure and simple; correct the digestion and the rheumatism will be automatically taken care of." Others insist that it is essentially the result of an imperfect mineral metabolism and assure the reader that recourse to certain inorganic neutralizing measures will quickly bring conviction regarding the correctness of this view. Still others assert that there is a bacterial origin, not only for the obviously infective forms of rheumatism but for all of them. Further on we read: "Its existence depends in many cases on thyroid lesions." Again, "Rheumatism is an acidosis." Quotation after quotation could be reproduced to exhibit the wonderful unanimity and exact harmony in scientific medicine regarding the cause of this one disease. But let us glance at the treatment for scientific facts.

One author attributes most cases to pyorrhea alveolaris and cures his

cases by attention to the teeth. Another treats his cases empirically by the use of stock vaccines. Another by empirically using thyroid extract, and some cases with thymus. Another gives as a cause intestinal stasis and cures chronic cases by colectomy. Another uses empirically thyroid, thymic and ovarian extracts. Others the salicylates, and others again remedies to overcome the acidosis, not all of them objecting to or not believing in the uric acid diathesis. Only a few quotations have been used. They could be continued indefinitely, exhibiting how exact are the observations and how correct the thinking, and how methodically formulated and arranged in a rational system is *scientific medicine.*

At present, serums, vaccines and bacterins are occupying the center of the stage of activity. These are a cure for a disease, which Pritchett says is folly. Does it not require a considerable stretch of the imagination to call scientific a mixture of serobacterin containing five bacterins, and another one six? These seem to be the favorite number. Does it not sound very much like what used to be called a shotgun dose? Some one of them will probably hit the mark. There certainly can be no exact observation or correct thinking in this; neither is it methodical. I have known where one vaccine was tried and then another, if the first failed, and so the physician shifted from the streptococci to the staphylococci, pneumococcus, etc., with the hope it would succeed; and yet this is what is called scientific medicine. To be a science it must be exact. Is this exact? If it is, we prefer empiricism. "M."

THE JUNE MEETING.

It is only three months until the Association meets in Nashville, Tenn. Much remains to be done, and the editor sincerely trusts that the officers of the various sections will have their reports ready for publication in the June issue. It will save much time, trouble and worry if they will do so.

The Committee on Arrangements have selected the Hotel Hermitage as headquarters. The rates are $2.00, $2.50 and $3.00 per day for single rooms; double rooms are $4.00, $4.50 and $5.00 per day. All outside rooms are provided with baths.

The Louisville & Nashville R. R. provides good service from Cincinnati. Trains leave at 11:45 A.M., 6:15 and 10:30 P.M. Connections are made with these trains at Louisville, Ky., from Chicago and the West; at Cincinnati from New York and the East. The railroad service from various sections of the South is direct over the L. & N. and N. C. & St. L. Railroads.

A trip to the Hermitage, the home of Andrew Jackson, has been arranged, as well as many other pleasant features. A very cordial reception awaits us in the South, so begin to make arrangements now to take a short vacation to the Southland. "M."

NOTES AND NEWS.

Arkansas.

J. A. Bennett has moved from Hartshorn to Crum Creek.

California.

Dr. H. Ford Scudder has moved from Inglewood to 1014 West Sixteenth Street, Los Angeles.

Dr. James Beard has moved from Los Angeles to 708 East Colorado Street, Pasadena.

Dr. Judson Liftchild, Ukiah, has resigned as superintendent of the Mendocino County Farm and Hospital after ten years' service.

Colorado.

Rodney Wren, Trinidad, and D. L. Clark, Denver, osteopathic practitioners, have been appointed, by the governor, members of the State Medical Board, under the provisions of the bill passed by the legislature two years ago.

Illinois.

The Illinois Supreme Court, on October 25, after considering the case of Wendell against the city of Peoria, rendered a decision upholding the right of the school board to bar from school children who have not been vaccinated.

Dr. R. J. Lambert, president of the Alumni Society of Bennett Medical College, read a paper before the Tri-State Society, at Kansas City, on the "Hypodermic Administration of Some of Our American Plants."

The State Board of Health will, it is announced, pass a resolution at its next meeting requiring an interneship in a hospital for one year in addition to the five years now required for medical certification, effective for all students matriculating after January 1, 1917.

In the interest of economy and better administration, Governor Lowden has adopted a general policy for the reorganization of the executive department of the state government and the consolidation of as many departments and bureaus as possible. As a part of this policy, plans are being considered for the assembling in a department of health of the present State Board of Health, the State Board of Pharmacy, the State Board of Dental Examiners, the Nurses' Examining Board, the new Optometry Board and others. A bill providing for a department of health with a commissioner at the head will probably be introduced early in the present session of the legislature.

Indiana.

Dr. U. G. Vance has removed from Fowlerton to Waterloo.

Michigan.

At its meeting, held October 11, the Michigan State Board of Registration in Medicine adopted a resolution requiring all candidates for examination who matriculated in recognized medical colleges subsequent to January 1, 1917, to have an additional qualification of one year's interneship in a

recognized hospital before being admitted to the examination for licensure. This is the fifth state to require a year's interneship. The requirement became effective for all graduates in Pennsylvania in 1914, in New Jersey in 1916, and will become effective in Rhode Island in 1917, and North Dakota in 1918. In Michigan it will apply to graduates in 1921 and thereafter.

Missouri.

Dr. H. H. Helbing has been appointed on the staff of the St. Louis City Sanitarium and Infirmary, the inmates of which number over 3,000. He is in the department of gynecology and obstetrics.

New York.

Bulletin No. 43 of the Health Department gives records of the case fatality, hospitalization and crippling from poliomyelitis during the past summer. The true cases of poliomyelitis numbered 8,927, and the total number of deaths 2,343, or a case fatality of 26.24 per cent. The patients treated in the hospitals of the department of health numbered 4,474, with a case fatality of 14.59 per cent. The patients admitted to twenty-seven other hospitals in the city numbered 2,663, and showed a case fatality of 14.53 per cent. The patients treated at home numbered 2,040, and showed a case fatality of 63.87 per cent. This high case fatality was mainly due to the fact that these cases were of the severest type. From August 21 to October 13 there were discharged from the hospitals of the department of health 2,058 patients. Of these, 66 per cent. showed evidences of paralysis of some degree; 18 per cent. showed that paralysis had wholly disappeared, while 15 per cent. had not shown paralysis at any time in the course of the disease.

Dr. S. A. Lewis has removed from 5 Pinehurst Avenue to 321 Bowery, near Second Avenue.

The fifty-seventh annual meeting of the Eclectic Medical Society of the State of New York will be held in the Albany County Courthouse, Albany, March 21 and 22. A good program has been prepared and we trust a goodly number will be in attendance.

Nebraska.

A meeting was held in Lincoln, November 9, at which committees from each medical society of the state, together with a committee from the Health Officers' conference and the secretaries to the State Board of Health, formulated a bill to present at the coming session of the legislature regarding the reorganization, on a broader plane, of the health and sanitary matters of the state. Every principle of the bill submitted was approved by the joint committee, and a committee consisting of one member from each organization was selected to complete the new bill.

Ohio.

The University of Cincinnati joins Johns Hopkins in eliminating therapeutics from the curriculum. Both leave drugs to the druggists.

Dr. M. M. Brubaker, of Covington, spent the winter at the Chicago Polyclinic, studying diseases of the eye, ear, nose and throat.

The Council on Medical Education of the A. M. A. is engaged in grading hospitals of the country with a view of rating their facilities for teaching internes. The work is important in view of the growing demand for adequate interne instruction, and the increasing number of states which require such a year as a preliminary to medical licensure. The following Ohio hospitals appear on the first list issued: Akron: City Hospital; Cincinnati: Bethesda Hospital, Christ Hospital, Cincinnati General, German Deaconness, Jewish, Seton, Cincinnati Tuberculosis, and St. Mary's; Cleveland: German, Huron Road, Lakeside, Mt. Sinai, St. Luke's, St. Vincent's, Charity, U. S. Public Health Service, and Cleveland State Hospital; Columbus: Grant, Protestant, St. Clair, and St. Francis'; Dayton: Miami Valley; Springfield: City; Toledo: Flower and Toledo; Youngstown: St. Elizabeth's and Youngstown Hospitals. The council states that others may be included later, and that changes may be made from time to time.

Statistics compiled by the Toledo health department show that infantile paralysis is not a strictly contagious disease. In the ninety cases of the disease reported to the department during the recent epidemic in Toledo there were 246 exposures. In this number of exposures there were only three developments, two of these occurring in persons outside of the families of persons suffering from the disease.

The semi-annual examination of the Ohio State Medical Board was held in Columbus, December 6-9, 1916. A called meeting of the board was held on the 7th, at which reciprocity certificates were issued to the following applicants: Fred H. Powers, from Illinois to Bucyrus; Rebecca M. Evans, from Illinois to Kent; Halstead M. Murat, from Indiana to Middletown; Walter A. Hoyt, from Michigan to Akron; Wm. H. Gordon, from Michigan to Findlay; Harold Heffron, from Michigan to Metamora; Parker G. Borden, from New York to Massillon; Ernest G. Kuhlman, from Pennsylvania; W. F. Montgomery, from West Virginia to Cincinnati; Walter H. Siehl, Osteopath, reciprocity from Kentucky. Twenty-five recent graduates were examined and ten Osteopaths, and the results will be announced at the next regular meeting of the board, January 2, 1917. Several advertisers appeared before the board, and several others accused of using drugs or liquor to excess, and their cases are still under consideration.

Dr. Upham, chairman of the Committee on Medical Colleges, who recently inspected nine non-drugless colleges in eastern states, submitted detailed reports of each, and of the entire number the following were the only ones found acceptable: The School of Chiropody, New York City, and the Pennsylvania Institute and School of Mechano-Therapy in Philadelphia. The three Chiropractic colleges in Davenport, Iowa, and the Magnetic college in Nevada, Mo., will probably be inspected by Drs. Matson and Scudder in February.

The regular quarterly meeting of the Ohio State Medical Board was held in Columbus, January 2, 1917, with all members present. Twenty-three

physicians were licensed at the recent December examination, and two failed; six Osteopaths were licensed by examination, and four failed; eighteen midwives, principally graduates of foreign countries, were licensed by examination; six physicians were licensed by reciprocity. Jacob B. Falk and Herman W. Honeck, E. M. C., 1916, were among the successful applicants. The following officers were elected for the ensuing year: President, J. H. J. Upham, M.D.; Vice-President, John K. Scudder, M.D.; Treasurer, S. M. Sherman, M.D.; Secretary, George H. Matson, M.D. Dr. Waters, of Chillicothe, was chosen to succeed Dr. Booth as a member of the Osteopathic Committee, the appointment dating from 1916, and Dr. M. F. Hulett, of Columbus, was appointed to succeed himself on the Osteopathic Committee, term dating from January 1, 1917. The following resolution was passed in regard to the licensing of hospital internes:

"WHEREAS, The State Medical Board considers hospital interneships as furthering the better medical education of prospective practitioners.

Be it Resolved, That unsalaried interne service shall be considered a part of the medical education course, and holders of such interne appointments shall not be required to be licensed in Ohio during their term of service; provided, such internes at the time of their appointment file with the Secretary of this Board their prospective preliminary and medical qualifications, the date and term of the service, and the name of the hospital;

Be it further Resolved, That salaried interne service shall be considered as the practice of medicine, and the holders of such interne appointments shall be required to secure licenses in Ohio; and

Be it further Resolved, That all previous rulings of this board in conflict with these resolutions be hereby rescinded.

Dr. Carl D. Postle has removed his office to the Rector Bldg., Columbus.

Dr. Roy C. Hunter, of Wapakoneta, spent two weeks in Chicago during the Fall, doing postgraduate work.

Geo. W. Martin, of Portsmouth, has been appointed a member of the Board of Health.

Drs. Otto N. Bergmyer and Lee A. Hays have opened an office in the Lenox Building, Oakley, Cincinnati.

Dr. O. J. Heindel has removed from Cleveland to New Castle, Pa.

Oklahoma.

Oklahoma's attorney-general has ruled that chiropractors must take the examination of the State Board of Medical Examiners if they are doing the work of osteopaths.

W. N. Mellette has removed from Holdenville to 2606 North Ellis St., Bellingham, Washington.

Oregon.

Dr. Urling C. Coe, of Bend, has been elected treasurer of the State Board of Medical Examiners.

Pennsylvania.

Dr. C. L. Johnstonbaugh has been reappointed a member of the State Board of Medical Education and Licensure.

J. M. Lupher has removed from Pleasantville to Townville.

The Committee on Public Policy and Legislation of the Medical Society of the State of Pennsylvania met in Harrisburg in joint session with similar committees from the Homeopathic and Eclectic State Societies and the Philadelphia County Medical Society. Legislation bearing upon matters vital to the profession was discussed. It was unanimously decided to work together for the profession. These committees decided to form "The Legislative Conference of the Medical Profession of Pennsylvania," the total membership of which shall be equal from each of the three component medical societies. Dr. John B. McAllister, of Harrisburg, is chairman, and Dr. E. A. Krusen, of Norristown, is secretary-treasurer. The conference will welcome all suggestions upon legislative matters. A state narcotic law to supplement the Harrison law, amendments to the workmen's compensation law, the proposed law to incorporate health insurance, and the prevention of optometrists' legislation are some of the subjects that will require the attention of the medical profession of this state at the coming session of the legislature.

Dr. O. J. Heindel, of Cleveland, O., has moved to R. F. D., Newcastle Pa.

Texas.

J. M. Howard has removed from Bagwell to Cross Cut; W. O. Hearn from Clarksville to Enloe.

The thirty-third annual convention of the State Society was held at Waco, and though not as well attended as usual, was enthusiastic. Clinics were held at the Waco Hospital under the guidance of Dr. G. H. Stagner. Drs. B. E. Dawson and E. M. Perdue, of Kansas City, Mo., were the invited guests of the society. Joint sessions and a banquet were held with the Texas Homeopathic Society and proved an enjoyable feature of the session. The officers-elect were: President, J. M. Watkins, M.D., Luling; First Vice-President, D. J. Thomas, M.D., Lockney; Second Vice-President, G. M. Williams, M.D., Merkel; Treasurer, W. W. Wimer, M.D., Honey Grove; Secretary, H. H. Blanymeyer, M.D., Aransas Pass. Next meeting, Waco, November 8, 9, 1917.

DEATHS.

Aldrich, John O., Eclectic Medical Institute, Cincinnati, 1883; former member of the Ohio State and National Eclectic Medical Associations. At his home in Bath, N. Y., January 18, 1917; aged 69.

Amos, Henry H., King's Eclectic Medical College, Des Moines, Iowa, 1888. At his home in Charles City, Iowa, December 19; aged 58.

Anscher, Herman, Bennett Medical College, Chicago, 1890. At his home in Chicago, Ill., November 24; aged 53.

Ballmer, E. A., Eclectic Medical College, Cincinnati, 1898. Member of the Ohio State and National Eclectic Medical Associations. At his home in Columbus Grove, Ohio, December 19; aged 55.

Borland, J. R., Philadelphia University of Medicine and Surgery, Philadelphia, 1865. Member of the Pennsylvania and National Eclectic Medical Associations. At his home in Franklin, Pa., December 26; aged 89.

Dobson, Joseph, of Fairfield, Conn., United States Medical College, New York, 1880. At Bridgeport, Conn., November 25; aged 79.

Garwood, Joseph Stokes, Eclectic Medical Institute, Cincinnati, 1873. At North Lewisburg, Ohio, November 4; aged 69.

Jones, U. O., Eclectic Medical College, Cincinnati, 1898. A former member of the Ohio and National Eclectic Medical Associations. At his home in Rushsylvania, Ohio, January 23, 1917; aged 49.

Kinyon, Elias L., Eclectic Medical Institute, Cincinnati, 1899. Member of the Colorado and National Eclectic Medical Associations. At his home in Brighton, Colo., January 4; aged 52.

Maddox, John F., Orlando, Florida., Eclectic Medical Institute, Cincinnati, 1877. At Edinburg, Ind., October 18; aged 71.

Mason, Daniel Newton, American Medical College, St. Louis, 1879. At his home in Suisun City, Calif., October 5; aged 73.

Plumbe, Edward O., Eclectic Medical College of the City of New York, 1868. At his home in Chicago, October 22; aged 78.

Schooley, E. W., Eclectic Medical Institute, Cincinnati, 1872. Member of the Ohio State and National Eclectic Medical Associations. At his home in Toledo, Ohio, January 18, 1917; aged 76.

Seapy, John Aaron, Bennett Medical College, Chicago, 1900. Member of the South Dakota and National Eclectic Medical Associations. At Rochester, Minn., October 11, 1916; aged 42.

Vincent, Alonzo W., of Valparaiso, Ind., Bennett Medical College, Chicago, 1871. At Gary, Ind., December; aged 77.

BOOK REVIEWS.

Vaccine Therapy in General Practice. G. H. Sherman, M.D., with Quotations from other Authors. Published by G. H. Sherman, M.D., Detroit, Mich.

This is a book of over 500 pages, devoted exclusively to a consideration of the use of vaccines in diseases of the various systems and in various infections. It deals not only with the philosophy of vaccine therapy, but with its practical application. Copious extracts and quotations appear throughout the entire volume. M.

The Rockefeller Foundation, Annual Report, 1915.

The report contains an account of the activities of the Foundation, such as detailed reports of the Secretary and Treasurer, the Director General of the International Health Commission, the Director of the China Medical

Board and the Chairman of the War Relief Commission. We have found much of interest in this report, as well as of value. The report of the treasurer evidences a very healthy condition. The total securities, amounting to $104,020,729.94; the expenditures being $3,862,444.40. The figures are too vast for the ordinary individual. The interest to me centers in the activities of the Foundation for the uplift and betterment of mankind.

M.

MISCELLANEOUS.

The Deadly Germ.

As a money-maker the germ deserves the first prize. For a score of years the drinking glass, with its millions of germs, threatened the lives of the traveling public on the railroads and steamboats. Then some shrewd fellow conceived the idea of abolishing public drinking cups because of deadly germs that infest them in millions. Each man must provide his own cup or buy a paper cup at a cent apiece that cost originally ten cents a thousand, and presto! here was millions to be made.

Next a dirty towel was simply unspeakable. The countless millions of germs just march in solid battalions over the towel, each one fully armed with stilettos and passions to slay and destroy any who venture to use them. Then came the paper towels, and the paper napkins, to be used just once and then sent to the limbo with all the pesky germs that sought to find shelter and victims in them. What a business this opened for the manufacturer of paper towels and paper napkins. At least half the people wash themselves once a day, and the rest probably once a week. And then nearly everybody eats, and some use napkins to catch the gravy when it drops from an overloaded spoon, and that means something like a hundred million of towels and napkins a day. So up goes the plant and machinery and out come the towels and the cash. The man who can work a racket like that ought to build a brass monument to the honor of the germs.

Then came the invention of shaving brushes that are to be used one time and consigned to a crematory made seven times hotter for their certain and inevitable destruction. The fellow who made the discovery is the manufacturer of the brush that is used only one time. Now, assuming that thirty millions of Americans shave twice a week, it is plain that we will use three billion, one hundred and twenty million brushes a year, not counting the damaged and lost ones. What an enterprise that immediately launches upon us. Our mouth waters for a hundred or two blocks of stock.—*Methodist Protestant.*

The National Association for the Study and Prevention of Tuberculosis has been presented with $100,000 by the Metropolitan Life Insurance Company to demonstrate by a community experiment, for three years, that tuberculosis can be controlled as any other infectious disease, if right methods and adequate resources are available. It is planned to select a town or

city of about 5,000 inhabitants, probably in New York or Massachusetts, and to apply there all the knowledge and treatment of tuberculosis available with a view to the ultimate eradication of the disease.

From a comparison of the expectation of life for 1879-1881 with that for 1909-1911, for the city of New York, it appears that there has been a gain of 26.6 years of expectancy for the years from birth to the age of 35, as against a loss of 16.6 years for the period from the age of 40 on. In the most useful thirteen years of life there has been a loss of some two years.

Opportunities For Young Physicians in the Army Medical Corps.

By a recent ruling of the War Department the age limit for entrance to the Medical Corps of the Army has been raised from thirty to thirty-two years. Owing to the increase in the army which became effective July 1, there are now 200 vacancies.

Not only is the age limit raised under the new conditions, but the opportunities for promotion are greatly increased. A study of the length of service of the officers of the Medical Corps promoted by the passage of the act increasing the size of the army shows that the junior captain promoted obtained his majority after only nine years in the service; the junior major was promoted to lieutenant-colonel after eighteen years in the corps and the junior lieutenant-colonel became a colonel twenty-seven years after he entered the corps. The sequence of nines in these promotions being accidental. The maximum pay for major is $4,000 a year, for lieutenant-colonel $4,500 a year, and for a colonel $5,000 a year.

The Army Medical Corps offers an excellent field for the recent graduate. His position is permanent. From the outset his pay is $2,000 a year, with quarters or an allowance of $36 a month in lieu thereof; he is also given fuel and light or allowance therefor; when on government duty he receives liberal traveling expenses; he has also a leave allowance of one month per year on full pay. His income is not dependent on the caprice of patients. The government provides him with all incentives and facilities for study—books, instruments and appliances—and encourages him in all ways to improve his opportunities. His pay increases 10 per cent. every quinquennium for twenty years, and when the time comes for his retirement he receives three-quarters of his pay for the remainder of his life.

Full particulars regarding admission to the Medical Corps of the Army and further information will be furnished by the Surgeon-General, U. S. Army, Washington, D. C., on application.

Higher Preliminary Training.

The New York Board of Regents has announced that, beginning January 1, 1917, the minimum requirement of preliminary education in that state will be increased to one year of college work including courses in physics, chemistry and biology. For several years the sciences named have been

required, but high school credits were accepted. The new ruling requires that they must be of college grade. This is the thirty-fourth state in which the licensing board has adopted one or two years of college work as the minimum requirement of preliminary education. The complete list of states, the number of years required and the dates when the requirement affects matriculation and graduates in medicine, are as follows:

State Examining Board of	Number of Years Required	Affects Students Matriculating	Affects All Graduates.
Requiring Two Years—			
Alabama	2	1915–16	1919
Arizona	2	1918–19	1922
Colorado	2	1910–11	1914
Indiana	2	1911–12	1915
Iowa	2	1911–12	1915
Louisiana	2	1918–19	1922
Maryland	2	1918–19	1922
Minnesota	2	1908–09	1912
New Hampshire	2	1915–16	1919
New Jersey	2	1917–18	1921
New Mexico	2	1918–19	1922
North Dakota	2	1908–09	1912
Oklahoma	2	1917–18	1921
Rhode Island	2	1918–19	1922
South Dakota	2	1911–12	1915
Virginia	2	1917–18	1921
Washington	2	1918–19	1922
Wisconsin	2	1915–16	1919
Requiring One Year			
Arizona	1	1914–15	1918
Arkansas	1	1915–16	1919
California	1	1915–16	1919
Connecticut	1	1910–11	1914
Illinois	1	1915–16	1919
Indiana*	1	1910–11	1914
Kansas	1	1910–11	1914
Kentucky	1	1914–15	1918
Louisiana*	1	1915–16	1919
Maryland*	1	1914–15	1918
Michigan	1	1914–15	1918
Mississippi	1	1915–16	1919
New Hampshire*	1	1914–15	1918
New Jersey*	1	1916–17	1920
New York	1	1917-18	1921
North Carolina	1	1914–15	1918
Oklahoma*	1	1914–15	1918
Pennsylvania	1	1914–15	1918
Rhode Island*	1	1914–15	1918
Tennessee	1	1915–16	1919
Texas	1	1914–15	1918
Utah	1	1913–14	1917
Vermont	1	1913–14	1917
Virginia*	1	1914–15	1918
Washington*	1	1914–15	1918
West Virginia	1	1917-18	1921

* The 2-year requirement becomes effective at a later date.

—*American Medical Journal,* Dec., 1916.

Appropriations amounting to $2,670,874 have been made by the General Education Board founded by John D. Rockefeller to Johns Hopkins, Yale and Washington Universities for reorganizing clinical instruction on the "full time plan," it was announced recently. "On this basis," says the state-

ment of the General Education Board, "the hospital and the teaching staff in the important branches of medicine and surgery devote their entire time to the service of the hospital and the medical school, withdrawing altogether from paid private practice." Although the plan has not yet been inaugurated at Yale and Washington, results achieved through its operations at Johns Hopkins during the last year are said to have more than justified the experiment.

The new edition of the U. S. Pharmacopœia will for the first time use only the metric system. Now, doctor, post up on this easily-learned modern method.

Waste corners overrun with burdock? We used to import a half-million pounds of the dried root from Germany.

The Harvard Medical School is reported to have established four fellowships in medicine, to be known as the Boston Dispensary Fellowships. Applicants must have graduated from a medical school of good standing and must have had a hospital interneship or its equivalent. Appointments will be made jointly by the authorities of the Harvard Medical and of the Boston Dispensary. Application can be made to either of these bodies. The fellows will be expected to give a portion of their time to treating the sick in their homes in the district service of the Boston Dispensary, and a portion of their time to such study, teaching, laboratory, research or clinical work as may be assigned by the medical school. The stipend of a fellowship will be $500 for part time, or $750 for the physician's entire time. A physician desiring to pursue postgraduate study of a course in public health work might be enabled through such a fellowship to complete a course in one or two years while receiving at the same time valuable experience.

Warning that pertussis is a more serious disease than is generally believed and advising the calling in of a physician at the first manifestations of the ailment, is contained in the last weekly health bulletin of Director Wilmer Krusen, of the Philadelphia Department of Health and Charities. The association of pertussis with other diseases of childhood has given rise to the supposition that the illness is not serious. This is a grave error, the director states, because pertussis is the cause of the death of 6,000 children annually in the United States.

At the third annual meeting of the Scandinavian Dermatologic Association, held in June at Christiania, Rasch reported his experiences with 216 cases of gonorrheal rheumatism, nearly all in men. Prostitutes seem to be practically immune. In treatment he relied on large doses of the salicylates, fractioned, daily exercises, moist heat and light massage. The exercises are done by the patient himself. As a rule the moist heat applications immobilize enough. To ward off ankylosis, light massage should be applied as early as possible, for about twenty minutes a day. With this treatment

recovery was usually complete with free use of the joints. Half the patients were dismissed as cured in less than two months, and only fourteen required over three months' treatment. Boas corroborated his statements as to the efficacy of treatment on these lines, which he has applied in large numbers of cases, with and without supplementary vaccine therapy. The results with the vaccine therapy were no better than in the cases without it.

The Abuse of Pituitary Extract.

In the *Journal of the Medical Society of New Jersey* for April, 1916, Price says he desires to urge upon the average practitioner the necessity for great caution in the use of pituitary extract. It would be wise for him to closely adhere to the following rules: Use the preparation of one reliable firm and stick to its use. Never give one cc. for an initial dose; rather use one-third cc. and repeat every half-hour. Do not administer it in primary inertia; it is better to give a dose of morphine and scopolamine, and after a refreshing sleep the pains will of themselves come on with renewed vigor. Always give pituitary extract before resorting to low forceps. Use it only in the second stage of labor and only when a distinct indication for its use exists. Finally, stick to the "terra firma" of established procedures; let those who have hospital protection do the fancy "stunts" and experimentations, and be not the "fool"—to enter "where angels fear to tread."

NEW APPLICATIONS FOR MEMBERSHIP.

March, 1916, to March, 1917.

West Virginia.

Cutright, D. M., Buckhannon.

Texas.

Hinkle, J. J., Oenaville.
Payne, E., Cross Plains.

Ohio.

Miller, Lawrence D., Toledo.

Kansas.

Brinkley, J. R., Fulton.
King, J. P., Opolis.

NEW APPLICATIONS FOR MEMBERSHIP.

Committee on Organization.

Alabama—J. W. Daniel, Midland City.
Arkansas—L. Gardner, Russelville.
California—Geo. H. Greenwell, 8th and Figueroa Sts., Los Angeles.
Canada—J. Gordon Bennett, Halifax.
Colorado—J. A. Dugan, Greeley.
Connecticut—R. L. White, New Canaan.
Cuba—H. Frank Tudela, Guantanamo.
Delaware—Paul Inenschmidt, 826 Van Buren St., Wilmington.
District of Columbia—Geo. MacDonald, 1204 G Street, N. W., Washington.
Florida—Frank E. Gavlas, Lake Worth.
Georgia—E. L. Daniel, 701 Flatiron Bldg., Atlanta.
Idaho—Russell Truitt, Cottonwood.
Illinois—E. S. Spindel, Springfield.
Indiana—F. L. Hosman, Indianapolis.
Iowa—B. C. Minkler, Des Moines.
Kansas—J. H. Reinhart, Abilene.
Kentucky—M. M. Meadows, Fullerton.
Maine—Fred W. Abbott, Taunton, Mass.
Maryland—F. L. C. Helm, 2757 Nave St., Baltimore.
Massachusetts—C. E. Buck, Boston.
Michigan—C. H. Murphy, Lansing.

Minnesota—F. E. Hufnail, Minneapolis.
Missouri—B. J. Wiesner, St. Louis.
Montana—W. H. English, Anaconda.
Nebraska—F. M. Swartwood, Lincoln.
New Hampshire—W. H. True, Laconia.
New Jersey—A. Liva, Lyndhurst
New Mexico—H. K. Riddle, Reserve.
Nevada—J. T. Martin, Reno.
New York—T. D. Adlerman, Brooklyn.
Ohio—W. N. Mundy, Forest.
Oklahoma—T. L. Sharp, Orlando.
Oregon—H. L. Henderson, Astoria.
Pennsylvania—W. S. Glenn, State College.
Rhode Island—D. L. Powe, Providence.
South Dakota—W. E. Daniels, Madison.
South Carolina—Jas. W. Johnson, Savage.
Tennessee—J. P. Harvill, 608 Monroe St., Nashville.
Texas—H. H. Blankmeyer, Aransas Pass.
Utah—C. L. Olson, Murray.
Vermont—P. L. Templeton, Montpelier.
Virgina—I. N. Baker, Whitacre, Gills Co.
Washington—J. W. Cosford, Spokane.
West Virginia—A. C. Lambert, Charleston.
Wisconsin—R. C. Rodecker, Holcomb.
Wyoming—T. A. Dean, Casper.

Grievance—O. S. Coffin, Indianapolis, Ind.; E. R. Waterhouse, St. Louis, Mo.; R. E. Howard, Ft. Lauderdale, Fla.; W. E. Kinnett, Peoria, Ill.

Credentials—W. S. Glenn, State College, Pa.; H. H. Helbing, St. Louis, Mo.; E. L. Daniels, Atlanta, Ga.; M. B. Stine, Des Moines, Iowa.

Press—J. P. Harvill, Nashville, Tenn.; W. N. Mundy, Forest, Ohio.

Necrology and History—W. T. Gemmill, Forest, Ohio; N. M. Glenn, State College, Pa.; B. J. Wiesner, St. Louis, Mo.; Finley Ellingwood, Chicago, Ill.

Audit—J. C. Mitchell, Louisville, Ky.; H. H. Blankmeyer, Aransas Pass, Texas; J. A. McDonald, Century, Fla.

Publicity and Printing—J. K. Scudder, Cincinnati, Ohio; W. P. Best, Indianapolis, Ind.; J. U. Lloyd, Cincinnati, Ohio; E. J. Latta, Kenesaw, Neb.

Legislative—W. N. Mundy, Forest, Ohio; B. J. Wiesner, St. Louis, Mo.; E. J. Sharp, Guthrie, Okla.; M. E. Daniel, Honey Grove, Texas.

Medical Colleges—F. L. Wilmeth, Lincoln, Neb.; B. E. Dawson, Kansas City, Mo.; H. Ford Scudder, Los Angeles, Cal.; J. U. Lloyd, Cincinnati, Ohio; J. K. Scudder, Cincinnati, Ohio.

Committee on Arrangements and Entertainment—J. P. Harvill, Nashville, Tenn.; J. O. Cummings, Nashville, Tenn.; J. Harvill Hite, Nashville; A. E. Fuston, Shelbyville, Tenn.; Ivadell Rogers, Lawrenceburg, Tenn.; B. L. Simmons, Granville, Tenn.; R. O. Williams, Humboldt, Tenn.; M. M. Harvill, Nashville, Tenn.; R. L. Eaton, Nashville, Tenn.; P. P. McKeel, Nashville, Tenn.

Finance Committee—J. C. Mitchell, Louisville, Ky.; B. K. Jones, Kenton, Ohio; H. A. Shafor, Detroit, Mich.

Committee on Conference with Homeopaths—C. L. Johnstonbaugh, Johnstown Pa.; G. T. Fuller, Mayfield, Ky.; E. S. Spindell, Springfield, Ill.; T. A. Son, Bonne Terre, Mo.; J. P. Harvill, Nashville, Tenn.; J. K. Scudder, Cincinnati, Ohio; F. M. Andrus, Lincoln, Neb.; Wm. P. Best, Indianapolis, Ind.; M. S. Canfield, Frankfort, Ind.; W. N. Mundy, Forest, Ohio.

SECTION OFFICERS.

Public Health—Carl S. Mundy, Toledo, Ohio, chairman; V. L. Bell, Grand Rapids, Mich., vice-chairman; Geo. L. Severs, Centerville, Iowa, secretary.

Pediatrics—H. A. Shafor, Detroit, Mich., chairman; T. D. Adlerman, Brooklyn, N. Y., vice-chairman; Dr. Hulse, Detroit, Mich., secretary.

Practice—B. E. Dawson, Kansas City, Mo., chairman; Rosa B. Gates, Waco, Texas, vice-chairman; S. G. Boyce, Little Rock, Ark., secretary.

Ophthalmology, Otology and Laryngology—O. L. Iden, Somerset, Ohio, chairman; J. P. Harbert, Bellefontaine, Ohio, vice-chairman; C. S. Amidon, Cincinnati, Ohio, secretary.

Pathology—E. B. Shewman, Cincinnati, Ohio, chairman; O. C. Baird, Chanute, Kansas, vice-chairman; B. H. Nellans, Cincinnati, Ohio, secretary.

Nervous and Mental Diseases—T. D. Adlerman, Brooklyn, N. Y., chairman; W. E. Postle, Shepard, Ohio, vice-chairman; F. S. Peck, Oklahoma City, Okla., secretary.

Surgery—F. L. Wilmeth, Lincoln, Neb., chairman; H. H. Helbing, St. Louis, Mo., vice-chairman; J. R. Duvall, 1610 Candler Bldg., Atlanta, Ga., secretary.

Materia Medica and Therapeutics—Richard J. Lambert, St. Charles, Ill., chairman; A. F. Stephens, St. Louis, Mo., vice-chairman; Frank Webb, Bridgeport, Conn., secretary.

Orificial Surgery—A. W. Hobby, Sidney, Ohio, chairman; E. B. Dawson, Kansas City, Mo., vice-chairman; B. J. Wiesner, St. Louis, Mo., secretary.

SOCIETY CALENDAR.

1. *National Eclectic Medical Association*—President, W. E. Daniels, Madison, S. Dakota; secretary, Wm. P. Best, Indianapolis, Ind. Nashville, Tenn., June 19-22, 1917.
2. *Albany and Saratoga District Medical Society.*
3. *American Eclectic Materia Medica Association*—President, R. B. Taylor, Columbus, Ohio; secretary, A. W. Smith, Berwyn, Ill.
4. *Arkansas Eclectic Medical Society*—President, R. L. Smith, Russellville; secretary, L. Gardner, Russellville.
5. *Atlanta Eclectic Medical Society*—President, J. Q. Brantley; secretary, S. L. Katzoff, Atlanta.
6. *Boston District Eclectic Medical Association*—President, Geo. E. Pool, Sherbourn.
7. *Brooklyn Therapeutic Society*—Secretary, J. Steele, 96 Monitor St., Brooklyn. Quarterly.
8. *California Eclectic Medical Society*—President, H. Ford Scudder, Los Angeles; secretary, G. H. Greenwell, Eighth and Figueroa St., Los Angeles. San Francisco.
9. *Central New York Eclectic Medical Society*—J. H. Terpening, Fulton; L. B. Gardiner, Geneva.
10. *Chicago Eclectic Medical and Surgical Society.* Monthly.
11. *Colorado Eclectic Medical Society*—President, J. A. Dungan, Greeley; secretary, Geo. Candlin, Eaton.
12. *Connecticut Eclectic Medical Society*—President, James E. Hair, Bridgeport; secretary, R. L. White, New Canaan. Semi-annually.
13. *Dayton Eclectic Medical Society*—President, E. E. Bechtel; secretary, J. F. Wuist. Third Friday of each month.
14. *Doctors' Club, St. Louis*—President, E. R. Waterhouse; secretary, A. F. Stephens, St. Louis, Mo.
15. *Eclectic Medical Society of the City and County of New York*—President, H. Harris; secretary, J. Berkenhauser, 126 E. 17th St., New York City. Third Thursday of each month.
16. *Florida Eclectic Medical Association*—President, Wm. F. Zander, Fort Meade; secretary, Frank Galvas, Lake Worth.
17. *Ft. Wayne Eclectic Medical Society*—President, G. A. Barry; secretary, J. B. Morris. Monthly.
18. *Georgia Eclectic Association*—President, A. M. Moore, Waleska; secretary, E. L. Daniel, Atlanta. Atlanta, 1917.
19. *Illinois Eclectic Medical Association*—President, E. G. Trowbridge, Chicago; secretary, E. S. Spindel, Springfield. Chicago, 1917.
20. *Indiana Eclectic Medical Association*—President, Henry Carter, Bringhurst; secretary, F. L. Hosman, Indianapolis. Indianapolis, 1917.
21. *Iowa Eclectic Medical Society*—President, H. S. Huckins, Des Moines; secretary, B. C. Minkler, Des Moines.
22. *Kansas Eclectic Medical Association*—President, W. D. Hunt, Emporia; secretary, J. H. Rinehart, Topeka. Kansas City, 1917.
23. *Jackson County Eclectic Medical Society*—President, Geo. J. Conley; secretary, Samuel McCubbin. Semi-annually, Coates Hotel, Kansas City, Mo.
24. *Kentucky Eclectic Medical Society*—President, T. A. E. Evans, Farmers; secretary, J. C. Mitchell, Louisville. Louisville, 1917.
25. *Kentucky Central Auxiliary*—President, J. H. Shultz, Jeffersonville; secretary, T. A. E. Evans, Farmers.
26. *Kentucky Eastern Auxiliary*—President, D. E. Morgan, Maysville; secretary, M. W. Meadows, Fullerton.
27. *Kings County Eclectic Medical Society*—President, A. Wolf; secretary, T. D. Adlerman, Brooklyn. Brooklyn.
28. *Los Angeles Eclectic Medical Society*—President, O. C. Wellbourn, Los Angeles; secretary, K. E. Seeburger, Los Angeles.

29. *Maine Eclectic Medical Society*—President, A. S. Von Sonneberg, Boston, Mass.; secretary, Fred W. Abbott, Taunton, Mass. Portland, Me., May, 1917.
30. *Maryland State Eclectic Medical Society*—President, Geo. W. Fisher, Baltimore; secretary, F. L. C. Helm, 2757 W. North Ave., Baltimore.
31. *Massachusetts Eclectic Medical Society*—President, Chas. E. Buck, Boston; secretary, Fred G. Phillimore, 320 Hanover St., Boston, Mass. Boston, June, 1917.
32. *Michigan Eclectic Medical Society*—President, H. A. Shafor, Detroit; secretary, C. H. Murphy, Lansing.
33. *Missouri Eclectic Medical Society*—President, B. E. Dawson, Kansas City; secretary, B. J. Weisner, St. Louis.
34. *Missouri Valley Eclectic Medical Association*—John C. Story, St. Joseph.
35. *Minnesota Eclectic Medical Society.*
36. *Monroe County Eclectic Medical Society*—Secretary, Darwin Cary, 31 Grand Ave., Rochester, N. Y.
37. *Nebraska Eclectic Medical Society*—President, F. M. Andrus, Lincoln; secretary, F. M. Swartwood, Lincoln.
38. *New England Medical Association*—President, C. A. Pratt, Mattapan, Mass.; secretary, F. W. Abbott, Taunton, Mass.
39. *New Hampshire Eclectic Medical Society.*
Norwalk; secretary, A. L. Swartzwelder, 2171 E. 100th St., Cleveland.
Norwalk; secretary, J. D. Dodge, Collinwood. Quarterly.
41. *Northwestern Ohio Eclectic Medical Society*—President, W. E. Bloyer, Buckland; secretary, A. E. King, Mt. Cory.
42. *New Jersey Eclectic Medical Society*—President, Geo. E. Potter, Newark; secretary, A. Liva, Lyndhurst. Patterson, October 17, 1917.
43. *New York Eclectic Medical Society*—President, R. A. Toms, Kenmore; secretary, T. D. Adlerman, 910 St. Johns Place, Brooklyn. Albany, March, 1917.
44. *New York Specific Medication Club*—President, M. B. Pearlstein, Brooklyn; secretary, John Birkenhauser, 216 East 17th St., New York City. Second Thursday of each month.
45. *Northwestern Indiana Eclectic Medical Society*—Secretary, W. F. Smith, Huntington.
46. *Ohio Central Eclectic Medical Society*—President, Geo. Williams, Columbus; secretary, C. M. Deem, Columbus. Monthly.
47. *Ohio Eclectic Medical Association*—President, H. W. Hobby, Sidney; secretary, W. N. Mundy. Cincinnati, May 15, 1917.
48. *Oklahoma Eclectic Medical Society*—President, T. P. Davis, Enid; secretary, T. L. Sharp, Orlando.
49. *Oregon Eclectic Medical Association*—Secretary, Byron F. Miller.
50. *Pennsylvania Eclectic Medical Association*—President, J. D. Keiper, Johnstown; secretary, M. V. Hazen, 211 Locust St., Harrisburg.
51. *Saratoga and Albany Eclectic Medical Society*—Secretary, E. H. King, Saratoga Springs.
52. *South Dakota Eclectic Medical Society*—President, G. W. Suddard, Hayti; secretary, W. E. Daniels, Madison. June, 1917.
53. *Southern California Eclectic Medical Association*—President, O. C. Darling, Riverside; secretary, H. C. Smith, Los Angeles.
54. *Southwestern Ohio Eclectic Medical Association*—President, J. D. Estell, Cincinnati; secretary, Cloyce Wilson, Cincinnati.
55. *San Francisco County Eclectic Medical Society*—Secretary, A. Florence Temple. First Thursday of each month except July.
56. *Sullivan County Eclectic Medical Society.*
57. *Tennessee Eclectic Medical Association*—President, J. P. Harvill, Nashville; secretary, J. O. Cummins, Nashville. May, 1917.
58. *Texas Eclectic Medical Association*—President, J. M. Watkins, Luling; secretary, H. H. Blankmeyer, Aransas Pass. Waco, November 8, 9, 1917.
59. *Vermont Eclectic Medical Association*—President, J. V. H. Cushman, East Charleston; secretary, P. L. Templeton, Montpelier.
60. *Washington Eclectic Medical Association*—President, T. J. Piersol, Tacoma; secretary, N. M. Cook, Seattle.
61. *Western Ohio Eclectic Medical Association*—President, G. J. Kent, West Liberty; secretary, W. H. Graham, South Charleston. Quarterly.
62. *Western New York Eclectic Medical Society*—President, T. A. Toms, Kenmore; secretary, E. L. Downney, Middleport.
63. *West Virginia Eclectic Medical Association*—President, W. H. Waldron, Naugatuck; secretary, A. C. Lambert, Charleston.
64. *Wisconsin Eclectic Medical Society*—President, J. B. Brewer, Jefferson; secretary, R. C. Rodecker, Holcombe. Delavan, June 1, 2, 3, 1917.

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BURNS.

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Definition: A burn is a high grade of acute inflammation following the direct or indirect application of dry or moist heat to a portion of the cutaneous or mucous surfaces, and may be caused by fire direct to the parts, inhaling flames in contact with hot substances, by boiling and hot liquid metals, by boiling liquids, or water, acids, slacked lime, chloroform, ether, alkalies, electricity, X-ray, etc.

Shock: Depends on the character of the individual attacked, stronger constitutions being more able to controvert shock than those of weaker frame.

Degrees—First: Temperataure 100° F. Slight hyperemia—dermatitis ambustionis erythematosa.

Second: Temperature, 150° F., causes vesicles and bullæ (dermatitis ambustionis vesiculosa et bullosa) and destruction of epidermis.

Third: Temperature, 212° F. Carbonization of parts with formation of eschars, varying in color yellow to black, or production of gangrene (dermatitis ambustionis escharotica seu gangrenosa).

Symptoms: Local and constitutional.

Local: Slight swelling, redness and hyperemia to pink or brownish red, which may or may not be entirely effaced by pressure, occur in first degree burns.

In second degree burns the inflammation, while superficial, may occupy the entire epidermis. In some cases the upper layers are destroyed and vesicles and bullæ appear, in other cases the entire corium is stripped of its peridermal covering. Pain and swelling are present, and the effects of this degree of burn do not show to what extent they have progressed immediately upon the removal of the cause, because of the systemic conditions which may be induced.

In third degree burns the inflammation may be superficial, extending over considerable area; or deep, affecting the subcutaneous tissues, muscles, and even bones. In this degree of burn the dead tissue varies in proportion to the extent of heat, its length of contact, the thinness or density of the part involved, and the amount of surface encompassed.

Constitutional: The constitutional symptoms depend upon degrees and

person affected. In first degree burns symptoms are usually slight and limited to pain, which soon disappears upon removal of the exciting agent. In some cases the pain may last several hours. The symptoms in second degree burns usually are more severe, the pain lasting not only hours or days, but sometimes weeks and months. The shock may be transitory or of alarming intensity, and may be at the time of accident or delayed for periods of hours or days. Usually within twenty-four hours, when small areas are involved the depression may be relieved, but when one-fourth to one-third of the body is attacked and especially when the tissues of the chest, neck and face are the parts involved death may intervene very soon. Usually within thirty-six hours if from shock, if later from lowered vitality and lack of resistance to invading bacteria.

Third degree burns may be so severe that death intervenes before pain has time to appear. Early mortality usually occurs during the stage of suppuration. Vomiting is often observed in both second and third degrees.

Children suffer more from burns than do adults, and women more severely than men.

Temperature is not usually affected by first degree burns, but a change in temperature is a marked symptom of second and third degree burns. This may decrease and remain below normal, 2° to 4° until reaction begins (about thirty-six or forty-eight hours) when it rises to above normal and remains with some variation until granulations have begun to form.

Complications are of a great variety due to location of burn and general effects, and vary in severity in second and third degree burns. In first degree there are usually no complications.

Diagnosis: Is not a difficult task ordinarily, but the differentiation of the varieties, especially of second and third degrees, may require careful examination. Differentiation between scalds and burns is sometimes difficult, but burns usually are deeper and scalds more superficial.

The pathological picture is: Immediately following a burn there is a diminished blood supply to the part attacked, due in part to the decreased size of the blood vessels. This causes an engorgement of the viscera with actual congestion or inflammation of their mucous linings, also a change in corpuscular elements of the blood itself; the lumina of the blood vessels is decreased, which allows the formation of thrombi with more or less complete general stasis and possibly resulting in a cardiac paralysis.

The cause of death from severe burns often is intoxication by pathological cleavage products of the body proteids, which are caused to break up into abnormal and poisonous compounds. Other causes may be narcotic poisoning from absorption of the dead epithelium or from burned clothing or other adherent material.

Prognosis: The prognosis always must be guarded, and often is of serious import, especially when medico-legal questions arise. The several factors entering the case must be considered; among these are the individuality of the sufferer, age, sex, race, occupation, the constitutional acquirements, whether strong and robust, or weak and delicate, the extent of the burn, both

as to depth and surface involved, the location of the injury and nature of exciting medium.

Children and aged do not stand burns as well as middle aged. Females, on account of more delicate systems are less able to resist the shock than are males. Negroes do not suffer as much as white people. Persons employed in trades that the risk of being burned is great (such as glass blowers, foundry men, plumbers, etc.), recover from burns quicker than persons following other pursuits (such as clerks, bookkeepers, stenographers, etc.).

The amount of surface involved exerts a greater depression or fatality than does the depth of tissue. Burns of the first degree that cover a large area, and second degree burns covering one-fourth to one-third of the superficial parts of the body may terminate fatally.

A second degree burn which destroys the entire epidermis of a limited area may recover, also some third degree burns of considerable extent may recover if no complications intervene. Burns of the face, neck, head, and abdomen seem to give the highest mortality. Those of the limbs and thorax are not as dangerous.

The medium causing the burn also plays an important part in the determination of the time required for the partial or complete reparation of the surface involved.

Treatment: *Constitutional*—First, the relief of pain; second, the restoration of the depressed vitality and efforts to prevent shock; third, the regulation and maintenance of the body functions; fourth, efforts to sustain the vitality and resisting power throughout the entire restorative process.

The pain can be relieved best by morphine or opium, yet the first local dressing properly applied will allay most of the pain.

The lowered vitality and shock should be met as the first symptoms or signs appear. Keeping the body warm almost to a sweating condition is essential. The use of hot drinks (milk, tea, whiskey, brandy, etc.), is beneficial. Stimulants (such as ammonia, strychnine, caffeine, etc.), often are required to overcome the shock. Cactus and crataegus should be given early to strengthen the heart.

The kidneys must be watched to see that they functionate properly. The abnormal symptoms are met by the indicated remedy as they arise. The bowels must be kept regular, either free or confined, as the case requires. Passiflora is the best remedy to quiet the nervous phenomena accompanying burns.

To maintain the vitality and stimulate the power of resistance, I find echinacea internally, externally and eternally useful.

Local.—The local treatment should be directed first to relieve the pain; second, to protect the burned surfaces and prevent septic infection; third, to limit the resulting inflammation; fourth, to assist normal elimination of the eschar; fifth, the development of necessary granulations; sixth, the prevention of over stimulation of granulations; seventh, the limitation of the deformity.

The first degree burns that are mild demand little or no treatment. In

the more aggravated cases they may demand some simple relief, such as the application of bicarbonate of soda, white of egg, olive or sweet oil, some soothing ointment or some of the hot or cold measures generally applied; turpentine full strength gives relief.

Second and third degree burns must be treated with more care and attention, even if they are small and mild. They are usually treated in about the same manner.

It is at times rather difficult to decide which is the most soothing application to make. In some cases hot, and in some cold; in others dry, and others wet applications seem to give the greatest relief.

The average case does best when the first application of gauze wet in "Carron Oil" (sterile raw linseed oil and lime water, equal parts) is applied to the burn, this dressing being kept moist and changed in twelve to eighteen hours, when the dressing selected should be applied. Among the suggestions offered are painting the surface with white lead, use of carbolized vaselin, oxide of zinc ointment, boric acid in watery solution or ointment, bicarbonate of soda in watery solution or ointment, turpentine is used to relieve pain. Bichloride of mercury in dilute solutions, ichthyol in solution in water or glycerine or in ointment, some of the iodine derivatives in ointment are used.

Picric acid in saturated solution is used very extensively with good results, and is a standby for a large number of physicians. Adhesive plaster applied in strips direct to the wound is valuable in deep burns with not too much area, and is easy to change once in two or three days.

Numerous other substances and methods are used to heal and cover surfaces, including a large number of ointments, etc., or else by the continuous bath, or immersion of burned area in warm 90° saline solution for several hours at a time. The continuous electric light treatment has some advocates, the open air treatment (leaving part uncovered and allowing fresh clean air to be blown on the parts) also has its advocates.

Often the loss of skin is so extensive the healing process will not proceed until skin grafting is resorted to. This is done usually by either transplantation of the epithelial layers, together with a thin slice of the corium (Thiersch's method), or small particles of epithelium, which have been snipped off with scissors are dropped on to a granulating surface (Reverdin method). These processes must be preceded by a thorough cleansing and preparing of the surface of the wound to be grafted and the process carried out under the most aseptic conditions.

Limitation of the deformity and prevention of cicatrices or contractions, ankylosis or pressure upon nerve filaments require the closest attention, and are often a serious problem. Massage is a very essential early procedure, and should be continued until the parts are fully restored. The use of splints also must be resorted to, so as to prevent the parts losing their anatomical relation.

My personal treatment of extensive second and third degree burns, while limited, has been successful.

Helen F. Burned August 25, 1915.
Picture taken September 20, 1915.

The first treatment is to remove clothing and any foreign adherent or charred material possible without destroying tissue, then apply to all burned surfaces an oily dressing, preferably "Carron Oil" (raw linseed oil and lime water) soaked in gauze. Put the patient in a warm bed and carry out constitutional treatment to combat shock, etc. After twenty-four hours this dressing is removed carefully and "Beck's Bismuth Paste" (bismuth subnitrate, one part, and adeps lannæ, two parts) is spread on linen (preferable) or gauze, and applied to the burned area. This dressing is changed every twenty-four hours. Wipe off the surface of the wound with dry gauze, if secretions adhere. Open any large vesicles and remove dead tissue. The advantage of this dressing is that it cleans and removes dirt or foreign matter, such as tar, asphalt, etc., and softens the wound much quicker than most dressings. It heals quicker, keeps wound cleaner, and is more soothing to the patient. The granulations will not grow so high, and cicatrices and contractions will not be so great if the bismuth paste is used.

A few sample cases occurring in my own practice and being treated at the St. Joseph Hospital that came under my observation will illustrate sufficiently.

Helen F., burned severely August 25, 1915. While playing around a bonfire her clothes caught fire, and all the skin, as well as a good deal of the flesh, was burned from the waist to the knees, including the area surrounding the vaginal and rectal orifices (fully one-third body surface), also the calves of both legs, and the under half of both arms. This was a very bad third degree burn, and was treated as outlined above, with a resort to skin grafting of partial areas three times. Recovery in ten months with no contractions or deformity.

Johnny S., burned April, by gasoline explosion. Face, arms, hands and front of legs and part of abdomen burned, about one-third of body surface. The treatment as outlined above carried out with the addition of continuous bath lasting three to fours hours, being used during the second and third weeks. Very good results.

Charles I., burned November 30. While helping roofing gang, slipped and fell in two buckets of hot tar, burning arms (third degree) from elbow to upper one-third of hands (gloves protecting most of hands), also burning both buttocks (second and third degree), an area of six square inches on each side. Removed what tar and clothing was possible and applied Carron Oil dressing, in twenty-four hours applied bismuth paste, continuing use which cleaned wounds by the third application. Entirely healed December 30.

Angelo B., burned December 14; both wrists and hands, thumbs and one finger (third degree), with hot asphalt while working with paving gang. Used the above methods of treatment, wounds cleaning after second application of bismuth paste.

William S., badly scalded on left leg extending from hip to ankle, three-fourths of area of leg covered by third degree burns, above treatment with equally good results.

The above are only a few sample cases of a large number treated by the use of bismuth paste. I am indebted for suggestions as to the use of bismuth paste dressing to Sister Amelia, surgical nurse at St. Joseph's Hospital, Elgin, who has carried out this treatment in a large number of cases with good results.

DRUG ADDICTION.

Amos J. Givens, M.D., LL.D., Stamford, Conn.

The use and abuse of drugs capable of creating pleasurable mental and physical sensations, of lessening morbid sensibility, relieving pain, and inducing sleep, is probably as old as civilization itself.

The Egyptians made both wine and beer. The grape, fig and palm were the sources of Assyrian wines. The Hittites and the Jews had similar beverages. That Noah planted a vineyard 4,000 years ago, and partook to excess of the fermented juice of the grape, is ancient history. A subtly sarcastic rabbinical legend even pictures him in the act of planting the vine and pouring on its roots the blood of a lamb, a lion, an ape, and a pig, indicating in brief the psycho-physical effects of the product.

Homer mentions the free use of wine by the Greeks centuries before Christ. Beer from maize in Peru, and from rice in India and Japan, were common beverages. Wine, beer, mead, and cider were drunk in Britain in the days of Julius Cæsar, a Roman historian incidentally declaring that "when intoxicated they (the Britons) never failed to quarrel."

The process of distillation came in with the seventh or eighth century, but the drinking of spirits was not common until some centuries later.

Space forbids a complete sketch of the evolution of the extended use of alcoholics among various peoples in centuries gone by. To-day the custom is widespread from Greenland, where the natives make a disgusting intoxicant of ungus, to the Malay peninsula, where the fermented sap of the flower stems of the cocoanut produces the desired effect. It is needless to say that our own country is suffering greatly from the alcoholic habit. The fact is so familiar it will not be enlarged upon here. The fiscal year 1911 witnessed the largest production of distilled spirits in the history of the Bureau of Internal Revenue. The output by breweries of beer in bottles is increasing enormously. It is estimated that 50 per cent. of adult males in this country are occasional drinkers, and that 25 per cent. of the remaining 50 per cent. are regular moderate drinkers. This is good material from which to develop users in excess not only of alcohol but also of drugs.

To mention drug addiction is to especially call to mind such agents as opium and cocaine, although the worst class of the enslaved in India, for instance, is that of the users of hashish, from the Indian hemp, which is drunk, eaten, or most commonly smoked, causing exhilaration followed by a trance-like condition. It is also combined with stramonium in arrack, a native beer. This is a most deadly combination, frequently leading to the commission of the most heinous crimes.

The common results of the use of hashish are indigestion and anorexia, dilated pupils and drooping eyelids, disturbances of the taste and muscle senses, general malaise and diarrhea. The earliest mental symptom is timidity, sometimes developing into fear, especially of open places. Repeated indulgence poisons the central nervous system, eventually leading to insanity and dementia.

Conspicuous among the slaves of drug habit is the user of cocaine. Forty million pounds of the leaves of the cocoa plant are harvested annually in Western South America. These leaves from which the alkaloid cocaine is obtained are largely exported for medicinal purposes. It is estimated, however, that this country has been using nearly 200,000 ounces of cocaine yearly, although less than one-twelfth of that amount should supply every legitimate medical need.

The misuse of cocaine is especially to be deplored because of the fact that, unlike alcohol and morphine, profound mental enfeeblement and physical inanition are rapidly produced.

The early effects of the drug are a feeling of warmth and well-being, increased pulse rate, mental stimulation followed sooner or later by inclination to sleep. The chronic habitues develop a highly nervous state, with inability for sustained mental work, are productive, but purposeless, are vacillating, forgetful, neglect themselves and their business. Many of them are typical examples of the cyclothmic constitution. The prolonged use of the drug may lead to a definite psychosis. The tactile hallucinations of cocainism are often distressing. The cocaine habit is frequently associated with alcoholism or morphinism.

It is a sorrowful fact that brain workers are especially prone to develop this habit. Literary men are often victims, and there was at one time a class innocent originally in intention, in whom the habit had been induced through resorting to patent medicines containing cocaine. The United States Government has wisely taken up energetically this abuse of public confidence. One government bulletin says, "Cocaine is one of the most insidious and dangerous habit-forming drugs at present known. Many lives have been wrecked and many crimes have been committed as a result of its use, and strenuous efforts are being made to curtail its employment, and rigid laws enacted and enforced."

It is not generally realized, perhaps, that many of the pharmacists' so-called "soft drinks" contain cocaine or caffein and that the insurance companies are beginning to consider seriously the status of the soft drink habitues as risks, since a very little cocaine will establish the craving.

Again, asthma remedies, catarrh remedies, tobacco habit cures, have in the past wrought incalculable harm in establishing the cocaine habit. The Federal food and drugs act now secures the statement on labels of the presence of this and other dangerous ingredients.

Closely associated with the cocaine addict is the user of opium, often in the form of morphine, which is, of course, the chief of the many alkaloids obtained from opium. Dr. Hamilton Wright, commissioned by the Secretary

of State after the International Opium Conference at Shanghai, 1909, to investigate the use of opium and other habit-forming drugs in this country, found that the United States was consuming as large an amount of habit-forming drugs per capita as is consumed in the Chinese Empire; that our consumption of opium alone was nearly 500,000 pounds annually, one-seventh of which it is estimated would surely suffice for our medical needs.

The act of February 9, 1909, prohibits the importation of opium for other than medicinal purposes, but the report of the Commissioner of Internal Revenue for the fiscal year ending June 30, 1911, points out that it is "fatally defective" so far as any control of the perversion of opium to other than medicinal uses goes after the drug leaves the hands of the importers. It states that "certain preparations of opium recognized by manufacturing chemists, druggists and physicians as medicinal preparations, differ in no material respect from the regular smoking opium, and such preparations can readily be, and are, used for this purpose." It adds that the manufacture of smoking opium from gum opium is a simple process easily carried on in the privacy of a private dwelling.

The Cantonese have what they call "The ten cannots regarding the opium smoker." He cannot give up the habit; enjoy sleep; wait for his turn when sharing his pipe with his friends; rise early; be cured if sick; help relations in need; enjoy health; plan anything; get credit, even when an old customer; walk any distance."

It is the consensus of opinion among the profession that these cases urgently require prolonged treatment in hospitals devoted to their care or in sanitaria where every attention can be provided.

Of morphinism Osler says it is a "vice of recent years." Physicians are frequent victims of this disease, but the cultured class of the laity furnish their quota. Morphine produces a kind of sensory intoxication which is associated with a feeling of great contentment. Some addicts, however, suffer from general malaise, nausea, and colicky pains, and all experience the renewed craving for the drug as soon as the intoxication wears off. Long usage induces chronic morphine poisoning with its symptoms of deranged metabolism. The dose must be constantly increased.

So much depends on personal idiosyncrasies that no invariable manifestations can be claimed. Patients may be dejected, irritable, cross, hypochondriacal, occasionally anxious, sometimes confidential, exhibit various affectations, etc. Like other drug habitues their character deteriorates. They are unreliable, very obstinate and troublesome, and will resort to any subterfuge to obtain the drug. The constant supervision of a physician accustomed to these cases and of nurses similarly trained is absolutely essential, and the full equipment of a modern sanitarium is infinitely superior to the most resourceful home environment.

Among the alkaloids of opium the excessive use of morphine is the most frequent cause of insanity. It is abstinence that is prone to induce insanity, while with cocaine it is with prolonged use.

One of the composite preparations of morphine is chlorodyne, which has

in years gone by been in favor, especially among women inebriates. It has a fleeting stage of pleasant excitement followed by deep sleep and stupor. Dionin, heroin and codeine are also taken by drug users.

Chloralists form a class drawn, as a rule, from men and women of highly strung nervous temperament or great intellectual gifts, using chloral initially for insomnia or neuralgic pains. This drug is especially dangerous if its use is combined with that of alcohol.

The chloroform tippler is unique in that he well knows the risk he runs during his anesthetic sleep of insensibility ending in death. Chloroform inebriates are generally alcoholics. This drug, like ether, is generally taken by inhalation. In some of the large cities of this country, however, in Ireland, and in Eastern Prussia, ether is not uncommonly drunk. Ether drinking in southwestern Russia is so prevalent the central government at St. Petersburg has been petitioned to interfere.

Glycerine inebriety is a new addiction. Schmey, of Berlin, reports a case in which a young man drank from 20 to 30 ounces every day for months, experiencing great exhilaration, followed by corresponding depression and desire for sleep. Enlargement of the liver and anemia were the most conspicuous effects.

Large quantities of acetanilid, acetphenetidin, antipyrin, phenacetin, sulfonal, medinal, veronal, bromo-seltzer, trional and caffeine are used by addicts who have often been introduced first to these drugs by the numerous headache cures.

Paraldehyd is among the habit-forming drugs and since the Harrison law and other restrictive statutes have been enforced, the use of this drug has increased.

Some drug users in excess, take unusual agents, such as phosphorus, gelsemium, calisaya. Arsenic eaters are well known. Habitual indulgers in alcoholic preparations of ginger are common. Eau-de-Cologne spirits of lavender, tincture of capsicum, are resorted to chiefly when alcohol is not available in some other form. Tea and coffee are often used to excess with disastrous results to the digestive tract and nervous system. The limits of this paper preclude any discussion of tobaccoism, although the subject is full of interest.

Volumes might be written on drug addiction, on their cause, symptomatology and treatment. Their variety and prevalence, if nothing more, would render them of moment, even if their effects were less alarming than they certainly have been during the past few years.

CATARACT OPERATION.

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General Considerations: The path to success in this, the capital operation of eye surgery, is so beset with pitfalls and hedged in with difficulties and dangers that even the experienced surgeon can scarcely hope to maintain

throughout quite 100 per cent. of good results in dealing with uncomplicated cataracts only. Supposing that his precautions are worked out with mathematical exactitude and accuracy, he is always, to an appreciable degree, dependent on the good behavior of the patient. There are many eyes to be placed apart in reckoning results, owing to limitations imposed by associated opacities or disease. A brief glance over the chief sources of failure may serve to give some idea of the relative importance of rules and practices following hereafter. Works of Noyes, Weeks, Herbert, and W. A. Fisher have been freely consulted and due credit to them is hereby fully acknowledged.

Bad results may be due to:

1. Defective operation, particularized in (a) incorrect method, especially (1) inefficient measures for securing antisepsis or asepsis; or (2) inherent defects in the operative technique adopted; (b) want of skill on the part of the surgeon. Dexterity in operating is made up of three elements, rising in order of importance thus: (1) a steady hand; (2) a light hand, combining a fine muscular sense with a delicate sense of touch; and (3) the most important, experience; (c) want of control on the part of the patient. This may render the best efforts of the skilled hand unavailing; but the discerning operator may often judge beforehand when trouble from this cause is likely to be encountered, and lessens the dangers by training the patient.

Eyes More or Less Unfit for Operation: The surgeon may have failed to realize the conditions, or he may have accepted risks under the pressure of circumstances, or he may have rightly decided to expect only a poor result when no better was obtainable.

In addition to ordinary cleanliness, and perhaps the administration of a mild laxative, the conjunctiva may require attention, and the patient's self-control may need developing. To test the patient's self-control he is required to look steadily down while his eyelids are pulled about, and is made to follow his own hand with his eyes in all directions. If he cannot maintain fixation thus for long, he is made to practice steadily.

We may have either nervousness or stupidity to contend with; fortunately, they are not very often combined. In nervous, frightened people one has to be aware of sudden upward movements of the eye, and of spasmodic closure of the lids. Some very nervous patients turn out extremely docile after a day or two of schooling. An extraordinary stupidity is met with among those who have been blind in both eyes for some time; they have often so lost the habit of fixation that at first they absolutely cannot look downward or follow the movements of their hands without moving their heads also. Most of them grasp the idea sufficiently after a few days, and are then usually steady enough.

The point and edge of the knife are tested on the leather drum. The instruments are cleansed and sterilized, while an assistant washes out the conjunctival sac with perchloride lotion, 1 to 20,000, and follows this by the instillation of freshly prepared cocaine, 4 per cent. in boric solution.

The cocaine drops are recently boiled in the irrigator flask. They are

dropped into the eye ten times at intervals of one minute, thus extending the action up to ten minutes exactly. The eyelids are kept closed during this period because of the well-known drying influence of the cocaine on the exposed corneal epithelium. I have never used either eucaine or holocaine, being well satisfied with the better known anesthetic. Eserine is used by some operators before extraction with iridectomy, to prevent prolapse of iris afterwards, but it is unnecessary, and tends to increase the bruising of the iris during expulsion of the lens. Atropine drops are used by a few surgeons before extraction without iridectomy, to facilitate the passage of the lens through the pupil; but most competent judges consider the atropine somewhat liable to induce prolapse of the iris. To guard against iritis atropine may be used after the operation.

The following instruments are required: A lid-speculum; slightly curved scissors; fixation forceps, with three teeth on one blade, two on the other; a Graefe's knife of only medium breadth; toothed iris forceps bent to a right angle, and with rounded points, *i. e.,* free from sharp angles when closed. For iris scissors, the old simple pattern; scissors of the ordinary pattern should be "elbowed" for use on the right eye, straight for the left. Graefe's bent cystotome; the bend is not made the same for the two eyes, but either instrument may be used for each eye indifferently; a curette, and a shell spoon. In addition, a Bowman's cataract spoon or Taylor's wire vectis should be ready at hand, in case it is needed.

These are washed with carbolic lotion, 1 to 40, and dried with bits of lint not previously exposed; the blades of knife and scissors should be attended to by the surgeon himself; the points of the fixation and iris forceps and of the cystotome, as well as the curette and vectis are all sterilized in the flame of a spirit lamp. The fixation forceps and curette are cooled by being plunged into the carbolic lotion; after being sterilized, the instruments are laid out to dry on sterile gauze.

During the operation instruments that have to enter the wound are washed with lint in the bowl of perchloride standing near, and afterwards rinsed with a few drops of boric solution, whenever soiled with blood or iris-pigment, or after by chance touching the lid margin or eye lashes.

Initial Steps: The ten minutes cocaine period being up, the patient must be lying on a suitable table or bed; the eyelids are squeezed together, with their conjunctival surfaces in contact, and any secretion that is expressed is removed by the assistant with lint dipped in perchloride. From some rather thickened eyelids a considerable amount of milky or thick yellowish secretion may be easily squeezed out, which is otherwise liable to be forced out during the operation, when it may be seen floating on the fluid used for irrigation. It is quite likely to contain pathogenic organisms.

The lids are then everted and moved freely on each other and on the eyeball, while boric solution is dropped upon them from the irrigator, to detach and wash away the mucus that one expects to find, mostly in the fornices, in response to the perchloride irrigation. If the mucus is large in amount, or if it is replaced by membrane covering the lids, the irritant solution has prob-

ably been too freely used. If, on the other hand, there is little or no exudation, the solution is again dropped into the conjunctival sac as before. In cases of cured stricture of the nasal duct, a trifle more lotion is used than would be otherwise indicated.

The speculum is then inserted and the outer eyelashes of the upper lid, beyond the blade of the speculum, are cut off with the scissors unless the eyes be so prominent that the blade of the knife is not likely to touch the lashes while making the incision. And the eye is at once moistened with boric solution. The patient must then look down towards one of his hands held up. The eyelashes should touch nothing that has to enter the wound, as it is impossible to sterilize either them or the lid margins; however, it is unnecessary to cut away any but the outermost lashes. Even the stumps left are likely to touch the blade of the knife, if care be not taken while the incision is being made. The muscular sense is sufficient to indicate to a blind patient the position of his hand. With the sunken eyeballs of very thin people more complete rotation downward is required than when the eyeballs are prominent.

The blades of the speculum, forced down on the eyeball by spasms of the lids, are the means of producing some large vitreous losses. But the responsibility is shared by (1) insufficient preliminary schooling of the patient; (2) unsteadiness of the assistant in elevating the speculum on completion of the section, and (3) imperfect action of the cocaine. Some patients feel a little pain when the iris is rubbed or seized, whereas other eyes are rendered completely anesthetic. The accident, with due care, is not sufficiently frequent to necessitate any alteration in the design of the instrument at the cost of its convenience, still less its rejection in favor of elevation of the upper lid by retractor or by the finger.

Ordinary daylight affords sufficient illumination except on very dull days. It ought to come mainly or entirely from one direction, to avoid the multiplication of obscuring corneal reflexes. Concentrated artificial illumination in some form is very satisfactory in dealing with some of the later results—after cataract—but it is very rarely necessary for extraction operations. A slight disadvantage connected with it is the addition of another hand near the patient, required for its management.

The above measures apply equally to all the modifications for the operation for cataract extraction. A description will be given of *combined* extraction, *i. e.,* with iridectomy. The lens is expressed through a wound lying along the upper corneal margin, the lens capsule being cut or torn and left behind. This may be regarded as the standard method of extraction, since in many cases it is the only operation at all suitable, and many surgeons perform it exclusively. It is especially the operation for beginners. Later on the advantages and drawbacks in particular cases of (1) *simple* extraction without iridectomy; and of (2) extraction *within the capsule,* will be discussed.

The Combined Operation: The corneal section upward raises a flap consisting of rather less than half the cornea, and encroaching very slightly on

the sclerotic (one-half millimetre) all round, and it includes a conjunctival flap three or four millimetres deep at its summit. The surgeon stands behind the patient's head, and cuts with the right hand for the right eye, the left hand for the left eye, the other hand being occupied with the fixation forceps; the handle of the knife being grasped between the thumb and either two or three finger tips. The other hand rests steadily on the patient's face. With the forceps a firm hold of the conjunctiva is taken below the cornea; the eye is neither pulled into place nor pressed upon, but merely retained in the position which it has taken up. The point of the knife is inserted on the temporal side of the cornea, and the direction of the blade is changed as little as possible in passing slowly across the anterior chamber. The plane of the blade needs to be altered only when the anterior chamber is shallow. The point enters the posterior surface of the cornea about one-half millimeter within its visible (anterior surface) margin, in order to make the counter-puncture emerge in scleral tissue. It must be distinctly realized that the counter-puncture constitutes the beginning of the incision; there must be no trace of hesitation after making it. The knife must at once cut upwards with a free sawing movement, without hurry, yet without delay, lest the iris come forward and overlap the edge of the knife, especially in the eyes with shallow anterior chamber. But the completion of the cutting should always be accomplished quite leisurely. If the knife be allowed to come through with anything of a jerk, the patient may wince and try to close his lids. Towards the end the edge of the blade may have to be turned slightly forwards, and for cutting through the conjunctiva completely forwards. Care must be taken that the blade does not touch the stumps of the eyelashes at the temporal side, and that the point of the knife does not prick the upper lid or the side of the nose.

The right-handed beginner should be in no hurry to cut with his left hand, as above described. Though it is unnatural to cut away from one's self, as one must do with the right hand on the patient's left eye, it can be done at once without the practice that is required for the use of the left hand. One's attention is at first fully occupied in making the incision properly, even on the right eye. Before beginning the incision the grip of the fixation forceps is tested by a pull on the eye.

It is quite impossible throughout a long series of cases to make the incision always exactly as one wishes. Variations creep in, owing at times to restlessness of the patient, or to the counter-puncture being wrongly judged, or to hurry in cutting upwards to avoid the iris, or possibly to avoid peculiarities in thickness of cornea and in fixity of adjoining conjunctiva. As a result the section may come to lie in part distinctly within the corneal margin, or, on the other hand, it may be too deep, including a conjunctival flap from the very beginning of the incision, especially on the nasal side. It is only with a chronically inflamed conjunctiva, perhaps insufficiently treated, and possibly still containing pathogenic bacteria, that one desires a very complete conjunctival flap, as a special precaution against infection of the eye. Blood from under such a flap rapidly finds its way into the an-

terior chamber, and requires to be repeatedly washed away. In any case it is very difficult to regulate exactly the extent of a conjunctival flap. I often make the incision within the corneal tissue avoiding the conjunctiva. Any considerable alteration in the plane or direction of the blade as it passes through the anterior chamber, or partial withdrawal to release the point caught in the iris, is likely to cause premature escape of aqueous. But, the site of the counter puncture must be always carefully judged, and corrected once or twice, if necessary. When there is a much contracted palpebral aperture from former trachoma it may be impossible to avoid touching the upper lid border in completing the section, however well-behaved the patient may be.

The depth of the corneal flap need not be absolutely fixed. A rather small opening suffices for lenses with soft or fluid cortex. But the guiding principle must be firm in one's mind that too small an incision is much more harmful than too large a one. Provided the flap does not in the least exceed the semi-circle it will be sufficiently well nourished and safe.

It is especially in eyes with shallow anterior chambers that beginners are apt to "split the cornea" for a considerable distance in making the puncture; they may fail to notice the lack of the mobility and of the luster of the blade which indicates its entrance into the anterior chamber. The inner opening may thus be small compared with the surface dimensions of the flap. It remains only to notice the rather humiliating contretemps of finding that one has introduced the knife with its cutting edge downwards, necessitating the postponement of the operation for a day or two.

The speculum is now at once raised by the assistant, and ever afterwards kept elevated as steadily as possible, if there is the least tendency to spasms of the orbicularis. If any blood finds its way into the anterior chamber from under the conjunctival flap it should be washed out before it has time to clot, and the conjunctival flap may be turned down over the cornea to prevent refilling of the chamber.

The iridectomy is easily made in quiet patients with the eye turned down. The iris forceps held in the left hand are introduced closed at the summit of the wound. They are opened just enough to take a small hold of the iris a little nearer to its pupillary margin than to its base; and the fold of iris, slowly drawn out, is snipped off with the scissors resting on the wound, the blades pointing directly upwards at right angles to the line of the wound. Both hands are firmly supported on the patient's face. No more iris is cut away than is necessary to include the pupillary margin. In this way as little as possible of the sphincter is removed; that is one of the chief safeguards against subsequent prolapsus or incarceration in the wound. In attempting to remove as little of the sphincter as possible, one is very apt to button hole the iris, leaving a band of tissue separating the coloboma from the pupil. This is more likely to happen if the iris prolapses on completion of the corneal section, as occasionally happens; the iris is then likely to be seized too near its base. Both the seizure of the iris and its sections are often a little painful. It may prove advisable to instill a little more cocaine, and to wait

for a minute or two with the speculum removed, in order to render the iridectomy painless. It is now and from this time onward that the patient's self-control may evaporate largely, and fixation downward be difficult to sustain. Very much, however, may be done in quieting the patient by a few words of encouragement. Should he perchance become uncontrollable it may be wise for the remainder of the operation to dispense with the speculum and to make use of the lid retractor for the upper lid, and the assistant's finger to depress the lower lid. It is somewhat surprising that the section of the healthy iris should give rise to no hemorrhage. One reads of bleeding from the iris, but, except in complicated cases, one practically never sees it; the blood which fills the anterior chamber comes almost always from subconjunctival vessels.

The capsulotomy consists ordinarily in a simple vertical incision of the anterior capsule, made with a cystotome, introduced into a little beyond the lower edge of the pupil. One long cut in the capsule is sufficient. The eye may or may not be held by the assistant with fixation forceps. The cystotome, grasped in the surgeon's right hand, may be steadied against his left forefinger. If there appears to be any chance of the eye rolling upwards the cystotome is best entered horizontally from the side—from the nasal side in operating on the left eye, from the temporal side on the right eye. The pressure of the cystotome may tend to dislocate the lens backwards, rupturing the suspensory ligament, or its point may stick in the firm lens-substance, and so pull the lens upwards with the movement of the cystotome.

The delivery of the lens is accomplished thus: the conjunctiva below the cornea is seized with the fixation forceps held in the surgeon's left hand, and the globe is pulled downwards, with a little pressure backwards, until the wound gapes. The edge of the spoon is then laid on the lower edge of the cornea and pressure backwards gradually applied and the forceps removed. To assist in the movement of the lens upwards the spoon pressure should be alternately towards its end and along its curve, but the spoon should not, as a rule, follow the lens upwards till the latter has fully entered the wound. In this way one secures that the cortex shall move up with the nucleus, and be evacuated with it as much as possible. When the lens is half out of the wound the forceps are held ready behind it, to push it to one side, if the eyeball should roll upwards. Any remaining cortex is usually easily washed out by the surgeon. Ribbons of soft cortex may be left extending in from the periphery, which may resist moderate efforts at displacement. These refractory sectors may be started on their way by light intermittent jerky pressure with the back of the spoon on the margin of the cornea nearest to them. Once they have begun to move they are easily washed away. But a few narrow thin bits left in the periphery are not of great consequence. If extraction of a very unripe cataract with transparent cortex has been attempted and a quantity of cortical matter left, prolonged attempts should not be made to remove this sticky substance. One must depend on rapid dilation of the pupils afterwards, leaving the matter to be absorbed. It cannot be too strongly insisted upon that pressure and manipula-

tion for the evacuation of lens or cortex need never be other than very gentle, if properly directed, and if the sources of difficulty are sought out. Heavier pressure for unripe cortex is much more likely to rupture the zonule or posterior capsule than to remove lens remnants that have resisted lighter efforts.

The delivery of the lens should ordinarily be the slowest part of the operation, but a few lenses with soft cortex and small nuclei are pressed out quite independently of the surgeon (apparently by elastic sclerotic or overfull vitreous). And on rare occasions the operation may be finished in a very desirable fashion, either on completion of the section or of the iridectomy, by sudden spasms of the eyelids forcing out the lens in its capsule together with a quantity of vitreous.

Cortex which is exceptionally slow of absorption is the brown colored, consistent, equatorial ring of the typical overripe, disc-shaped cataract; but this is almost never left behind, except when there is escape of vitreous, or the incision in the cornea is found to be too small.

Leaving out of consideration difficulties from too small a corneal section, which should never be experienced, and those arising from definite overripeness of the cataract, there are occasional instances where the lens does not enter the wound as one expects.

First, there are the cases where the lens has been pulled upwards by the cystotome, so that its upper margin lies *behind* the *upper lip of the wound*. On pressure being applied the cornea may bulge forward unevenly and quite independently of the lens, which remains fixed. As soon as the nature of the trouble is recognized it is a simple matter to push the lens down into its place with the cystotome, and afterwards to depress the upper lip of the wound with the curette, while the edge of the lens is tilted forward by spoon pressure on the lower third of the cornea. As soon as these faults are recognized the upper lip of the wound should be pressed back with the vectis or scoop, ready to be slipped in behind the lens if pressure on the globe should cause vitreous to protrude.

On other rare occasions the wound opens at once, and the lens *follows the cornea forward* and appears to *stick to it*, refusing to move upwards. The lens is small, thin and discoid, and its anterior surface appears to become closely fitted into the curve of the posterior surface of the cornea, with no air space at any part; and the small size of the lens prevents a purchase being got readily upon it with the pressure of the spoon. The sharp edges of the lens can be seen, and behind it the vitreous, restrained by the stretched suspensory ligament, when pressure is put on the eyeball below. Care must be taken not to cause the wound to gape too much, for fear of rupture of the zonule. The spoon, instead of simply pressing backwards, must coax the lens upwards, following it on the cornea.

Vitreous escape in ordinary extraction, without removal of capsule, may be due to fault of the patient or of the operator, or of neither. The largest losses are commonly the result of sudden spasms of the orbicularis in frightened patients, forcing the speculum down on the globe. Even here the

surgeon must accept some responsibility for the accident, since the behavior of the nervous patient at the operation may be sensibly modified by a little preliminary training, as well as by the surgeon's personal influence at the time. More often the accident is due to ill-advised pressure with the cystotome, or during the delivery of the lens or cortical matter; or it may be due to special difficulties connected with overripeness of the cataract. (No operation for cataract should be done till the surgeon feels confident that his patient will obey him.)

The consequences of loss of vitreous: In most cases there is next day no longer any evidence of the mischance; the healing goes on normally, and the consequences are nil. Occasionally the wound remains open with vitreous incarcerated in it. Though this slowly shrinks great astigmatism is left, with a certain liability of bacterial invasion of the eye at any time. In other cases this invasion takes place quite early. There is little doubt that a wound occupied by vitreous is more prone to infection than the ordinary closed incision, more or less protected by conjunctival flap. When the wound heals normally sight may by chance be directly obscured by cortex left imbedded in vitreous and unabsorbed. Another fairly frequent effect is displacement of the iris. In slight losses the iris tends to lie in the wound incarcerated or prolapsed. Large escape may lead to a curious and characteristic great enlargement and distortion of the pupil, which is the same whether an iridectomy has been performed or not. At the first glance one might think an enormous iridectomy had been done. The upper half of the iris has disappeared, retracted behind the scleral margin, and can be seen, narrow, thin, and atrophic, by oblique illumination. Eserine has no effect on it. The pupillary margin of the lower half of the iris arches across, slightly curved, somewhere about the middle of the cornea, to disappear at either end behind the sclera.

Sometimes after expulsion of the lens the wound remains a little open. This may indicate a tendency to prolapse of the vitreous, as above. But much more commonly it is due to the action of the speculum, improperly supported, held in such a way as to allow some portion of the stretched upper lid to press on the eye. The outer portion of the lid margin beyond the blade of the speculum may sometimes be seen to rest on the globe, and a slight movement of the speculum outwards relieves the condition. At other times bringing the upper blade of the instrument, together with the upper lid, a little further forward is required to properly adjust the lips of the wound.

Toilet of the Eye.—The pillars of the coloboma are pushed together by the curette introduced into the wound at either side; this serves also to reduce any possible entanglement of transparent capsule between the lips of the wound. Blood clot adherent to the wound may be removed with the iris forceps; but any blood now collecting in the anterior chamber is left to be absorbed. The conjunctival flap is then smoothed out and the speculum removed. With the lower lid firmly depressed by the assistant the surgeon gently passes the curette over the whole of the conjunctiva of both lids to

remove any mucus that may have accumulated during the operation, while the conjunctival sac is washed out by the irrigator.

The Dressing and After-Treatment.—The eyelids are gently closed by the surgeon and covered with a pad of dry boric wool on a layer of gauze and the pad is fixed by a simple bandage. A shield is applied over this (gauze covered with sterile vaseline). The patient is carried to bed on a stretcher, if the operation has not been performed on his bed. He must expect a little soreness of the eye for a few hours. Every day the coverings are removed for inspection of the eye and for washing of the lids. It is most important to examine the condition of the iris and pupil with focal illumination the day after operation. It is only thus that the effects of reaction to traumatism can be rendered transient and innocuous, and the onset of iritis regularly and systematically controlled. In few cases is atropine entirely withheld, and in a fair number the question to be determined for the first few days is how much atropine the patient can stand, rather than how much is required.

The patient is ordinarily enjoined to lie only on his back and on the side away from the eye operated upon. He is kept recumbent for a couple of days. But for special reasons, as in severe chronic bronchitis or in very old people, the sitting or semi-recumbent attitude may be maintained from the beginning. There should be no muscular effort made, as in rising unassisted from the bed, and no straining at stool. The diet should be soft, requiring no chewing, as long as the bandage is in place, usually from four to eight days.

The light in the room is kept rather dim. This is preferred to ordinary daylight by the patients, and is only reasonable where so many pass through at least the earliest stages of iritis; while the depressing mental influence of a very dark room is avoided. After the bandage is taken off a large shade is worn for protection, both against injury and against light. Smoked glasses are worn as long as any ciliary injection remains.

At the daily washing of the lid margins, generally required for the removal of mucus, possible ill-effects from spasm of the orbicularis are avoided by keeping the lower lid pulled well away from the eyeball.

The permanent vertical flattening of the cornea left by the operation varies usually from nil to 3 or 4 dioptres. The axis of the correcting cylinder is given quickly and accurately by the astigmometer; it is usually parallel to a line joining the points of puncture and counter puncture. The spherical correction, about +10 to 12 D for distance, with +4 or +5 D added for reading, in the previously emmetropic eye, with any needful cylinder added, enables us to classify the resulting vision by a commonly accepted standard. A "good" result generally means V.A. 6|60 or upwards; lower than this, but with ability to count fingers at ten or more feet, is classed as "fair." Occasionally 6|5 is obtained, but it appears to be more by luck than by management.

Since the astigmatism is not fully neutralized by cylindrical lenses, it is important to have as little of it as possible. It may be enormous in some cases, as in prolapse of iris, or loss of vitreous. In uncomplicated healing it

appears to be due to overriding of the corneal flap. It is less marked with a scleral incision and conjunctival flap than with a purely corneal incision; the less peripheral the section the stronger the astigmatism (Majewski, *Annales d'Oculistique,* cxxvi, 99). And probably the size of the wound influences the degree of flattening.

If the fellow eye still have good vision no glass is given for the eye operated upon, because the two eyes—the one with accommodation, the other without—cannot work together. Thus, the only immediate gain is a return of the visual field to normal, with perhaps the restoration of stereoscopic vision. If the vision of the other eye be impaired by commencing cataract the result of careful correction of the two eyes must decide which shall be used for fine work. Where the other eye has been lost from any cause the specticle frame is often made reversible, to hold both a distance lens and a reading lens.

Dr. William A . Fisher, of Chicago, has written several useful articles on the so-called Indian operation (removing the lens in the capsule). He has had perhaps more practical experience in this operation than any American surgeon, and finds it a very superior operation in certain cases. One wishing to know more of the Indian operation should consult him freely.

MOVABLE KIDNEY.

F. L. Wilmeth, M.D., Lincoln, Neb.

I believe the movable kidney is primarily the cause of some of the more serious lesions of this organ. There is a difference of opinion among observers as to what constitutes a pathological movable kidney, and it is well known that some kidneys are freely movable when there are no clinical signs. It is also well known that in many patients where the kidney is only slightly movable there are marked indications of crisis, so that the degree of mobility is not always commensurate with the amount of pathology that follows. However, it is estimated that out of five patients who have movable kidney of the second degree, in only one will clinical signs be present.

I have been discouraged in attempting to treat patients of this character with remedies, or rest, or applications, or baths, because the symptomatology is at one time that of the stomach, at another of the liver, and at another of other parts of the digestive organs, and is frequently accompanied by disturbance of the mental and nervous system.

In the examination of cases of this kind we are accustomed to consider certain etiological factors, such as loss of peritoneal fat, dragging of the cecum, changes in the intra-abdominal pressure, increased heaviness of the kidney itself, such as tumors or renal calculi. These we have been accustomed to assign as the cause of pathological displacement of the kidney.

The normal kidney is bisected by the twelfth rib and lies with its concave surface toward the spine. There is a motion of the kidney which is physiological, and which the observers recognize—a motion which occurs with a

rhythmic movement of the diaphragm in respiration. There is a difference in the axis of the kidney with the position of the patient's body. There are also changes which occur with the different movements of the body, and these are physiological. But in those instances where movable kidney is accompanied by clinical signs and where it can be palpated and moved—these are presumed to be the characteristics we are attempting to describe to-day.

Another cause is changes that occur in the intra-abdominal pressure by lacing, sometimes during pregnancy, and the contortions of the body which occur in those people who are unaccustomed to corsets. We also find that in a large percentage of women who have brain trouble there is a movable kidney. We find a very small percentage of movable kidneys among women who have been pregnant.

These drawings here illustrate examinations of patients to determine the existence or non-existence of movable kidney, not only those whose life has been among civilized people, but also Samoan women who have never worn corsets, and young children. In young children it is rare to find a displaced kidney, especially from the sixth to the eleventh year. In Samoan women there is a large percentage of cases of displaced kidney—women who are not subject to the influence of so-called civilized dress. In the production of this condition the tension on the cecum and traction of this part is rather more a remote cause than a direct one, from the fact that the peritoneal attachment of the cecum is not to the posterior surface of the kidney. The pressure of the liver in enlarged liver is another cause that has been assigned, but, in the examination of all patients, we find there is a rule that we may apply, and in this way in a large majority of cases it will give us an approximate diagnosis as to whether the patient will be liable to have movable kidney, and in this we take into consideration the formation of the body. We find that it is usually the women with the long abdomen and slender waist that are troubled with movable kidney. Why? Because the renal notch is not as deep in this instance as it is where the abdomen is short, and also it is not supported by the surrounding structures in the same manner. The rule which is applied is to divide the measurement from the ensiform cartilage to the pubic arch by the circumference of the waist at the smallest line, and the quotient is then multiplied by one hundred; if the product is more than 70 you may assume that the patient is liable to have a movable kidney.

There is no doubt but what many times we may prescribe for these patients accurately according to the symptomatology, and apparently with due regard to functional disturbances, and these symptoms will disappear. For instance, discomfort might occur from traction of the duodenum or the renal ligament. Functional disturbance of the liver may occur, and also stoppage of the bile. I have had one instance where the patient, having recently come from the tropics, where she had married and borne three or four children, was affected by some of the tropical diseases of the liver, and we watched her very carefully, but were unable to determine the character of her trouble—a physical lesion. After she had been under my observation six weeks we discovered a tumor apparently on the liver, and after observation

for some time this tumor that we thought might be one of the many infections she had received in the tropics, we were able to recognize as being the right kidney, and then we got the following history: When riding in one of those Indian carts, where the seat is backward, the driver struck the bullock and this woman was thrown out. She was then about four months pregnant. There were no signs of this trouble until after parturition had taken place, but we found on operation that the peritoneal ligament was loose behind the twelfth rib, and the kidney was freely movable in this area. This little attachment and four or five weeks' rest in bed completely relieved this woman.

Another case was where a floating kidney was not observed at first, but the liver symptoms were present. I prescribed nux vomica and chionanthus and soda, and the patient recovered. But it recurred, and we finally found the movable kidney. She refused operation, but is still living and in good health, and that was twelve years ago.

In consideration of the diagnosis of movable kidney we must take into account the development of the body. If the length of the body from the ensiform cartilage to the pubes, divided by the waist measurement, the quotient, multiplied by 100, is more than 70, we can assume that there is a movable kidney, for the reason that the renal notch is very much shallower than when we have a lesser waist measurement.

DISCUSSION.

Dr. E. B. Shewman: It has been one of my methods to modify what Dr. Wilmeth has done here, by getting the patient in a sitting position, then with this upright kidney I put my hand into the loin and by a deep inspiration, and then expiring very slowly you can slip your hand in above; then have the assistant ease the patient back into a recumbent position, and you will find the floating kidney can be palpated and brought into view on the anterior abdominal wall.

In regard to the fibrous capsule, I modified this method. I now split the capsule and make a fold, both anterior and posterior, put the suture in and bring it over the lumbar fascia, swing it around the tip of the twelfth rib. You may get into the pleural cavity here, so, unless you can keep close to the rib, you had better avoid that end.

Dr. F. L. Wilmeth (closing): The thing I want to impress upon your minds is that these mobilities of the kidney are oftentimes a causative factor in the production of kidney disease, and especially in mild inflammations of the kidneys. After this inflammation of the kidney has once occurred there is more liability of the kidney becoming displaced than before.

I purposely avoided mentioning those cases wherein tumors exist and by the increased weight the kidney becomes displaced. I want to particularly draw your attention to the development of the body. Measure the length from the ensiform cartilage to the symphysis pubis, divide this by the waist measure at the smallest circumference; multiply this by 100, and, if the result is more than 70, in ninety-five cases out of one hundred you will find a movable kidney.

WHAT IS ASTHMA?

J. C. Solomon, M.D., Los Angeles, Cal.

I don't know of any disease in which so many different theories have been advanced to account for its cause and symptoms as that of asthma.

Asthma is of the nature of a reflex neurosis characterized by recurrent paroxysm of violent dyspnea. Some treat it as a disease, some as a symptom, and others as a combination of conditions, without any positive pathological basis. No physician can intelligently treat a disease without understanding the underlying cause of the pathology of it. We must remember that it is not only the name of the disease that we are treating, but that we have an individual to treat in which we have temperments, environments and different other conditions of the patient to contend with.

Asthma in former years was considered to be due to contraction of the bronchial tubes, and that it was due to some specific irritation of the air tubes. Budd divided asthma into two varieties, one depending upon cardiac disease, emphysema, the other due to a spasm of the respiratory muscles. Bosworth calls asthma a vaso-motor bronchitis; Copeland, nervous asthenia; Loomis, Trosseau, Salter and many others consider it a diathetic neurosis. Morton claims it is due to disorders of the larynx, and compares it with spasmodic croup of the bronchial tubes. In asthma the direct cause of the paroxysm being an excess of venous blood in the medulla. A great many modern writers regard asthma as a neurosis of the pulmonary plexus. A large number of the profession are accepting the uric acid theory as being the cause of producing the paroxysm, so we can easily understand that it is a hard proposition to come to any correct conclusion in regard to the paroxysm of asthma.

In nasal, pharyngeal, or naso-pharyngeal asthma, we have a sensitive area in the nose, pharynx, or naso-pharynx, polypus, hypertrophic catarrh, rhinitis, deviation of the septum, nasal spurs, tumors, adenoids, and other conditions of the upper respiratory tract, causing obstruction to free nasal respiration, as positive factors in asthma. Of course, we must not forget that it is a reflex neurosis and that the genito-urinary, rectal, and other diseases in connection with those already mentioned will bring an attack of asthma.

An excess of any of the nitrogenous waste products of the body may, if not eliminated, produce irritation of the sensitive nerve centers. The most common of these are uric and oxalic acid. These are both produced by defective metabolism. The uric acid in the blood so alters nutrition as to cause a neurosis of the branches of the pulmonary plexus, thus inducing hyperesthesia and engorgement of the mucous membrane from irritation of the vaso-motor system, and spasm of the muscular coat of the bronchial tubes takes place. Asthma has also been observed to alternate with those diseases that are generally attributed to the uric acid diathesis, such as neuralgia, rheumatism, gout, angina, migrain, etc.

In nasal and naso-pharyngeal asthma any irritation that may come in contact with the upper respiratory tract will bring an attack. In bronchial

asthma, colds, fogs, dampness, change of weather, often give rise to an attack. In the peptic form certain kinds of food will act as an irritant.

I will not take up much time to discuss the diagnosis or symptoms, the treatment is what concerns us most and what the patient wants is immediate relief, and no quicker results can be obtained to relieve the paroxysm of dyspnea than the use of morphine and atropine hypodermically, or apomorphia. The local application of cocaine and adrenalin, if situated in the nose, but there is danger of creating a morphine or cocaine habit. Nitroglycerine is an excellent remedy. Nitrate of amyl to be inhaled gives good results, but it must be always fresh. The administration of grindelia is very good. The inhalation of stramonium leaves, nitrate of potassium, etc., are well known to you all.

The paroxysm of dyspnea having been relieved, the next and most important thing in order is to prevent its return, if possible. The nose and naso-pharynx should be carefully looked after and all obstruction removed. If the mucous membrane is diseased it must get proper attention. In the bronchial form my favorite remedy is kali iodid, liquor potassi arsen., tr. belladonna. In septic asthma the stomach should be carefully looked after and the patient kept on a diet. All red meats and stimulants, such as liquors, coffee, or tea should be stopped. Phosphate of sodium, or salivita is one of the best treatments in the uric acid diathesis.

It is absolutely of great importance in the treatment of asthma that nasal, nasopharyngeal, genito-urinary and rectal trouble should receive proper attention.

ODORS.

J. D. Smith, M.D., Dayton, O.

This paper is a plea for the cultivation of our much neglected olfactory sense. A physician should know the odors of different drugs to a certain extent, as many occasions arise in his practice when this knowledge would serve him well. In cases of poisoning the odor of some drug about the patient may enable him to determine very quickly what has been taken, and thus lead to the saving of a life. Prominent in this line are carbolic acid, chloroform, ether and the different gases.

A physician should be familiar with the different odors that arise from unsanitary conditions. It may not be the most pleasant thing for him to ferret out these conditions by "following his nose," but in order for him to do the best for his patient it may be necessary for him to know the condition of the surroundings in which he is placed. His olfactory sense may tell him of a poorly ventilated room, of a damp cellar from which the odor of decaying vegetables, or other matter is emanating. It may tell him of the presence of sewer or other gases. The writer once found the cause of an intractable headache due to imperfect combustion of gas from a gas stove, the fumes of which came into the patient's room. By the proper use of this sense we may discover that the excretions are not being properly cared for.

or even that the patient is not being properly bathed, that the odors from cooking are penetrating the patient's room, causing nausea and disgust for food. It may be that the room is kept filled with flowers from which odors more pleasant than those just mentioned may be coming, but nevertheless injurious to the patient.

By this sense he may be greatly aided in making a diagnosis. Many diseases give off odors peculiar to themselves. There is a peculiar musty odor from measles, a distinct odor that is difficult to describe from the breath of a diphtheria patient. I will say, however, that it is not safe to base a diagnosis entirely upon this odor, for an odor very much the same is found occasionally in severe cases of tonsillitis. An odor which need rarely be mistaken emanates from the retained secundines of the uterus, and here it is so distinctive that the writer has based, in the absence of other symptoms, a diagnosis entirely upon this. The odor of cancer is peculiar to itself, and is one of our most valuable aids in reaching a diagnosis. This is particularly true of carcinoma of the uterus.

Physicians, the sense of smell should be cultivated so that it may be relied upon just as surely as we generally rely upon our senses of sight, hearing and touch. "Following your nose" may lead you into some disagreeable places, but, upon the other hand, it may enable you to get out of some disagreeable situations also. If in certain cases you are unable to make a diagnosis by the means of your other four senses, remember, you have a nose, which may be useful.

PELLAGRA.

G. H. Williams, M.D., Merkel, Texas.

The Pathology: Beginning with the mouth, the mucosa of the oral cavity has a hyperemic appearance and occasional swollen ulcerated areas in various stages. A favorite place for the location of the ulcers is on the cheek just anterior to the pillars. At times the palate and esophagus is covered with a diffused ulceration. At the summit of the anterior pillars two cyanosed areas oval in shape are found, they are in a congested state. The tongue presents many characters that aid us in diagnosis. We find fissures in the upper surface, absence of its epithelial coat, the tip may retain its epithelium and the posterior part be devoid of it, or the center be devoid and the sides retain the epithelium. Sometimes the entire surface is slick like raw beef. The veins on the margins and beneath are engorged and look blue. Ulcers are many times found on the tip and lateral margins of the tongue. The esophagus burns like you had swallowed something hot. The stomach is slightly enlarged and tender in many cases, and in hyperemic condition. There is a deficiency in hydrochloric acid in the stomach of all cases. The veins in the stomach are engorged the same as in the tongue.

The muscles are atrophied, the walls thinned, and the interior is covered with mucus, with small ulcers on the membrane of the stomach. Gastritis is present, with redness. The ulceration is mostly around the pyloric region.

The intestines are emaciated and thinned in the same way as the stomach. Brown pigmentation is often present in spots. The atrophied condition may not extend the entire length of the intestines, and only be in small portions, or the entire length may be in the same hyperemic state or condition. When the inflamed condition is in spots ulcers may form and they are liable to occur in either the large or small intestines. The rectum is ulcerated in nearly all cases, and the ulcers may extend up the bowels for some distance. Sometimes the rectum is swollen. This may be mistaken for hemorrhoids, but if the examination is carefully made the mistake is unnecessary. The liver in a large majority of cases is atrophic, due to insufficient nutrition to that organ. It is in a cachectic or marasmic condition. The edges are sharp, the corpuscles wrinkled, the liver is hardened. The gall-bladder is full in most cases, and also in a hyperemic condition. The brain tissue and cells show many changes. The pia mater and arachnoid are thickened; also the dura at times is thickened. The arachnoid is marked with purulent deposits in it. The frontal lobes show atrophy. The brain may be partially edematous or hyperemic with excess of fluid in the ventricles. It may be anemic and hard on one side. The cerebellum is either harder or softer than normal. The brain may be increased or decreased in weight owing to whether there is excess of blood in it or not. The capillaries show pigmentation and fatty degeneration in their walls. The small arterioles are filled with blood and the perivascular lymph space dilated. There is atrophy of the degenerating cells and of the fibrillar structure in the cell.

The cells of the cerebellum are atrophied and at times disappearance of many of the cells of Purkinje. The above changes are found in various stages as the disease advances. The cells in the spinal cord are found atrophied, but the gross changes are not so great as they are in the brain in acute pellagra. These changes are degeneration in the direct pyramidal tract and the posterior column, including the tract of Goll and Burdick. The gray matter and the spinal ganglia are affected to a degree. These tracts are pale compared to the rest of the cord. The posterior roots of the lumbar nerves are atrophied. The degenerate areas in stained preparations show like small spots of ink spattered over the posterior column. In the gray matter there is pigmentation of the cells of the anterior and posterior horns. The fibers appear contracted and the cells smaller than normal. The degeneration in cells appears from the cervical region downward. The cells in Clark's column are always found degenerated.

The spinal cord shows the cellular body entirely invaded by yellow globular pigment. The cells show yellow pigmentation. Whatever sensory changes exist the cause will be found in the spinal ganglia and the cord and not in the nerves, as in ordinary neuritis. The chief changes that are found in the spinal cord are the lesions and degeneration in the posterior column, the direct pyramidal tract and lateral column. We find cell degeneration in all parts of the cerebrospinal axis and in the posterior and anterior columns. There is a relative increase of lymphocytes of the cerebral spinal fluid. In certain stages we find leukocytosis similiar to that found in malaria, which is of

protozoan origin. All nerve centers are more or less affected. We find the optic nerves atrophied, and, in some cases, the formation of cataract takes place. The organs that receive their nerve supply and are innervated by the pneumogastric nerve all become atrophied—the heart, the kidneys, spleen liver, lungs and intestines. The heart is atrophied and brown with cellular infiltration, also diminished in weight. The ribs are affected; they are fragile and are easily broken.

Fatty degeneration is commonly found in many organs of the body, such as kidney, liver and heart; in fact, any organ of the body may have fatty degeneration. When the liver is atrophied and hard around the gall-bladder the bile will not flow out into the intestines. The eyes become yellow, as in jaundice. The sympathetic nerve centers become damaged until they fail to perform their function. The bile is not utilized as it should be, and the yellowness appears in the eyes showing excess of bile in the system. The brain, spinal cord and sympathetic nerves are where we find practically all the underlying changes peculiar to pellagra.

The skin shows a dermatitis upon the elbows of a rough nature and in a circle. This is the first we find; then it appears upon the hands and other parts of the body, where it is exposed to the sun's rays. The parts become rough, hard, and then peel off, leaving the skin more tender; the capillaries become filled with blood. The skin loses its elasticity, cracks form in it, and then hardens and becomes thick and rough, then it will peel off again.

After the rose color leaves the skin there appears an excess of dark pigment beneath the cuticle and epithelium, which gives the skin the slate appearance. This is due partly to dead capillaries and not being taken up and floated out by the blood current. The skin is in more or less phlegmonous and will sometimes form blisters.

The fifth, sixth and seventh cervical nerves are in a hyperemic condition. Their terminal branches are very sensitive to the touch. The feet are in the same condition as the hands. The bones in the lower limbs have severe pains in them and especially from the knees down. The blood vessels of the bones are congested. The nerves are in a hyperemic condition in this part. There are changes in the blood corpuscular elements and also the hemoglobin. There is an increase in the pulse rate, and a decrease in the blood pressure.

The blood decreases in volume proportionately to the loss of weight of the body as the disease progresses. There is an increase in the percentage of the small lymphocytes and a decrease in the percentage of polynuclear cells. The increase in the small lymphocytes is characteristic of the blood in pellagra. The muscles become atrophied. This first shows in the hands and feet, then it becomes general. The tendons become sore and the joints stiffened, also the tendons of the flexors of the hands and feet become contracted and remain in that condition. The muscles are pale, caused by a deficiency of red blood. There is a state of malnutrition and muscular weakness. This weakness is more noticeable in the lower limbs, sometimes to the extent they are unable to walk. The ring finger is contracted and remains so in most cases after the second attack. The thumb is contracted

across the palm and the muscles of the arm are contracted. The muscles contain brown pigment in small specks. The skin is dry and rough. It becomes thick like elephant's skin; later it peels off and becomes thinner each time. It peels off and takes on a pink appearance.

Persons who have pellagra take on an old appearance very rapidly and appear to be many years older than their age. In women there is a vaginitis with a burning sensation in most cases, also a profuse leucorrheal discharge that will not yield to treatment. There is an excessive flow at the monthly period. This is noted many times before the dermatitis makes its appearance. There is endometritis in most cases and the inflammation extends up the fallopian tubes. The ovaries become involved and become painful. The mucous membrane of the vagina is red, very sensitive and has small ulcers upon it. I hope this will aid us in outlining a treatment that will be a success in this disease. This I would like to know: has any one ever met with a case of pellagra in a vegetarian?

INTRAUTERINE MEDICATION.

Charles Woodward, M.D., Chicago, Ill.

Intrauterine medication is a method of treating uterine diseases that are and are not successfully controlled by surgery. The method consists in washing out the uterus with small quantities of mild antiseptics and medicated solutions by interrupted injections (not irrigation) with a half ounce hard rubber syringe through a small recurrent douche. These mild antiseptic solutions are as effectual in controlling inflammatory and septic conditions in the cavity of the uterus as when applied to external lesions. Why intrauterine medication has not been universally practiced is because many attempts have been made without properly adapted instruments or technical knowledge.

Few physicians have practiced uterine medication sufficiently to obtain the essential technique. When small fragments are adherently retained, to wash out the uterus four of five times daily is wrong, for it prevents disintegration. To wash out and wait indefinitely a week or ten days allows adherent debris to acquire a septic condition. Experience has proved that acute inflammation is very susceptible to infection, and should metritis occur following puerperium, abortion or curettement, the uterus should be washed out daily with sulphate of magnesia, 95 per cent. phenol gtt., and distilled water. Chronic uterine inflammations are controlled by cleansing the cavity every forty-eight to seventy-two hours. Uterine cancer with menorrhagia or metrorrhagia should be cleansed out every forty-eight hours. A profuse uterine exudation that destroys the ovule and spermatozoa, resulting in sterility, should be removed every second or third day. The uterus should always be washed out immediately after curettement, and repeated every forty-eight hours, for from six to eight times.

When uterine colic is produced its cause is erroneously determined as

shock from liquids entering the abdomen through the fallopian tubes. It is impossible for liquids to enter the tubes with passages no larger than a hog's bristle when the recurrent douche has a quarter of an inch exit. Conditions liable to cause uterine colic by medication are a gravid uterus, neuralgic dysmenorrhea, hyperesthesia of uterine nerves, too forcible introduction of too hot or too cold irritant solutions and caustics.

Practitioners who have washed out the uterus a few times and indefinitely waited to see what effect it had are stating that peroxide of hydrogen carries infection deeper into tissues. This shows a lack of knowledge of how to use peroxide of hydrogen. The uterine secretion is alkaline, and peroxide of hydrogen acid may cause irritation and slight pain; but irritation is no evidence of infection. Peroxide of hydrogen should always be alternated with an alkaline antiseptic. The writer has practiced intrauterine medication for thirty-five years as a specialty and never has had a case of infection occur from the use of peroxide of hydrogen.

The practice of intrauterine medication has proved that the majority of pelvic diseases are associated with systemic perversions which respond to the indicated local and therapeutic remedies. Operations exert little influence on complications and do not always correct local conditions of the following diseases.

Leucorrhea is a white albuminous discharge from the vagina or uterus as factors of overeating, deficiencies of the blood and insufficient elimination, and when allowed to become chronic it develops inflammation—a condition favorable to infection and growths. Whenever salt and granular sugar are diminished and coffee inhibited this condition yields readily to uterine medication every third day, and to indicated remedies, as kali mur. for white exudation and kali sulph. when yellowish.

Cervicitis has been increasing, especially since the curette is so often used to empty the uterus. It is said that abortionists curette the cavity of the uterus during the early weeks of gestation without any further attention. It is impossible to separate a recently developed or advanced ovum or secundines from the endometrium without producing lesions, and more especially to the delicate nabothian follicles of an insufficiently dilated cervix. These lesions soon develop into chronic metritis in those affected with constipation and diminished elimination, and when neglected assume conditions for operations.

Had these fresh injuries been properly treated by intrauterine injections every forty-eight hours for six or eight times, probably no sequelæ would appear. Cervicitis is usually associated with chronic endometritis and diminished capillaries, which yield to intrauterine injections and specifically indicated remedies by controlling acrid exudations. Mild caustics applied to cervical inflammation, followed by intrauterine injections, together with pledgets saturated with fl. ext. phytolacca and glycerine inserted against the cervix, are usually all that is necessary. Peri- and parametritis are forms of superficial and deep, dry or discharging inflammation of the endometrium, which is usually accompanied by stagnation of uterine circula-

tion, edema, retroversion or other displacements. These conditions are easily controlled and corrected by the extensive resources of intrauterine injections.

Dysmenorrhea: There are the mechanical, neuralgic, inflammatory and reflex forms. Intrauterine medication controls all but the reflex spinal form, while surgery offers little or no benefit to either.

Pelvic Visceroptosis: Conditions caused by overeating of stimulating foods, irritation, reflex contractions, inflammation and muscular atony. Practitioners who relinquish these pelvic visceroptosic conditions to surgery admit their inability to remove causes and restore muscular tonicity. Instruction to diminish the diet and inhibit the use of tea, coffee, sweets and salty foods will control irritation, reflex contractions and resulting ptosis. Intrauterine injections and dehydrating astringent packs inserted against the cervix will control inflammation and lighten the edematous pelvic organs. The internal and external application of calc. fluor. and distilled hamamelis restores tonicity.

Acute Gonorrhea: A contagious inflammation of the mucous membrane of the urethra by the gonococcus. This disease is much easier to cure in the female than in the male, but few women are ever cured, for as soon as urination becomes painless treatment is suspended before the vagina, cervix and urethra are free of gonococci. Neglect leads to vaginitis, inflammation of the glands of Skene and Bartholin, endocervicitis, cystitis, mastitis and salpingitis. In its acute stage it yields quickly to intrauterine injections and kali mur., or to potassii bromidium, fl. ext., or specific gelsemii, aromaticum cascara sagrada, aqua q. s., M. Sig.: One drachm every three hours.

Subinvolution: A failure of uterine contraction caused by physiologic nerve and muscular exhaustion, colds, retained toxins and cell edema. A few intrauterine treatments with a piece of absorbent gauze with glycerine and specific hydrastis pushed into the uterine cavity results in involution.

Reflex Sciatica: A form characterized by pain in the great sciatic nerve caused by irritation, inflammation, infection and reflex contractions. When complicated with capillary anemia and deficient elimination, curettement gives temporary relief, but not a permanent cure. Curettement, followed by intrauterine injections every forty-eight hours for two or three weeks, cures this false reflex sciatica.

Suppression of the Lochia: A discharge from the parturient canal for one or two weeks after parturition. In some the suppression causes metritis, infection, reflex sciatica, pelvic abscess, and, in others, only suppresses lactation. A treatment to restore secretion and two or three intrauterine injections restores the lochia and lactation after the latter has been suppressed for thirty days.

Phlegmasia Dolens: A disease of the puerperal and abortion state (crural phlebitis) caused by capillary stasis, inflammation and infection of the uterus, lymphatic and pelvic tissues, filling the femoral and saphenous veins with coagulated blood. It usually occurs in women who have pelvic inflammations, and had abortions or children.

A successful treatment proves that these determinations are correct. Intrauterine injections should be given every forty-eight hours with a 50 per cent. solution of peroxide of hydrogen, alternated with an alkaline solution of antiseptic and dehydrating packs against the cervix; turpentine stupes over the hypogastric region every three hours, absorbent gauze wet in a solution of ammonia iodide applied over the crural veins and covered by a bandage of the whole limb every twenty-four hours.

Menopause: The classifying of the menopause as physiologic and pathologic rationally determines its true conditions. A *physiologic* menopause is passed by a woman who approaches the climacteric with healthy generative organs, free from uterine edema, inflammation, infection, hemorrhage, pain, bloating, sweating or mental effects, and requires no treatment. A *pathologic* menopause is passed by a woman who approaches the climacteric with diseased generative organs, with uterine edema, inflammation, retained decomposed blood infection, hot and cold flushes, with or without hemorrhages, pain, bloating, sweating and mental effects, the control of which requires treatment.

Intrauterine injections every forty-eight hours with a 50 per cent. solution of peroxide of hydrogen, alternated with an alkaline solution of antiseptic and glycerine pack against the cervix, after the hemorrhage has ceased, is a specific treatment.

The medical profession will lay itself open to censure should it ever allow the disuse of this most reliable and humane method for controlling uterine diseases. A book could be written on the subject and yet give only a moiety of the great resources of intrauterine injections.

THERAPEUTICS OF AMENORRHEA.

H. W. Powers, M.D., Amherst, O.

Amenorrhea, as the name implies, means an absence or stopping of the menstrual flow. It is often associated with chlorosis in girls at or about the age of puberty, and may be due to anemic congestion from cold or exposure to sudden changes, emotional disturbances, disturbed innervation and sometimes to mechanical obstruction, such as imperforate hymen and acute flexion of the uterus. Shop girls who are overworked and poorly nourished, and school girls from overstudy, may develop amenorrhea. But my subject does not have so much to do with the etiology or symptomatology of amenorrhea, but rather with the remedies used to treat it.

In this pathological condition, as in most others, the specific indication will suggest the specific medicine to be used. There are a great many remedies mentioned in our books for amenorrhea, but I will only speak of a few that are favorites with me. If the suppression is from sudden cold or undue exposure aconite is a good remedy. This may be given in combination with specific pulsatilla, if there is a tendency to loss of nerve control. Amenorrhea sometimes occurs in young plethoric females. In these cases there is

usually a history of constipation. Here aloes, either alone or associated with belladonna, if there is congestion, or with strychnine, if there is lack of tone. The classical after-dinner pill, with the above named remedies, is always popular. Iron, the ferrous sulphate, or the tincture of the chloride or some of the numerous chalybeate waters, are very frequently indicated. I am inclined to believe that about as good an emmenagogue as we have is the improved Blaud pill.

Apiol, the active principle of parsley, cotton root, black and blue cohosh are remedies that we often use. Aletris and helonias, combined with viburnum or mitchella, will sometimes meet the indications. The drastic cathartics will frequently bring on the flow. If the patient is inclined to nervous fears, dark forebodings, or melancholia, staphisagria, or pulsatilla, or passiflora, or cypripedium may be used. Senecio and mother wort are good remedies in sudden suppression, or where the menses do not appear regularly, and these, with an infusion of pennyroyal, are domestic remedies freely used among the women in the country. Hot sitz baths and hot mustard water foot baths, with plenty of hot drinks, aid the action of the aforementioned drugs.

It is really astounding to what risks women will subject themselves when the suppression of the menses is supposed to be due to pregnancy. Among the drugs as emmenagogues in these cases are oil of savin and the infusion of tansy and hellebore, and the ingestion of spirits of turpentine, and oil of hemlock. These are generally taken without consulting any physician, and the practice is spoken of only to be condemned. Those remedies which tend to the restoration of normal conditions, together with good food and pleasant environment, will do much to bring about the re-establishment of the function, either in emansio or suppressio mensium.

IODINE.

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Iodine was discovered one hundreds years ago by a French chemist, Courtois, and was first used as a local application and externally as a counter irritant, and as an abortive to inflammation of the cellular tissue; and internally administered in syrup iodide of iron and in various combinations with potassium and sodium salts, in blood dyscrasias and scrofulus conditions. Its value in syphilitic conditions was early understood, and it was used extensively along this line, despite the fact that certain kidney conditions prohibited it entirely and that it almost invariably proved irritating to the digestive tract, and induced such skin disorders that it was almost impossible to continue the remedy in effectual quantities. While its splendid qualities were beyond question it is only fairly recently that iodine has become quite commonly used in many modifications of the official preparations.

Iodine has been included in the British Pharmacopeia ever since its

first publication. The official preparations are liquor iodine fortis, unguentum, tincture iodine. Free iodine is not used much internally for reasons as above stated. The tincture is occasionally given in small doses and is employed quite extensively as an inhalant in conditions presenting acute catarrhal symptoms with profuse burning, itching and excoriating discharges, tense laryngeal muscles and congestion of the glottis.

As an antiseptic iodine is so efficient that a weak solution is quite effective in the sterilization of the skin; the official tincture is largely used for this purpose. So positive and reliable is the method of sterilization that it has quite supplemented the old method of scrubbing the field of operation after the patient has been brought to the operating room, and has been the cause of greatly shortening the time the patient spends upon the table and disposes of much confusion and discomfort to the patient.

The present method of preparation is to shave (if necessary) and scrub the part and apply bichloride compress twelve hours before the hour of operation. When the field is exposed in the operating room it is sponged with alcohol or acetone and a tincture of iodine (2.5 per cent.) freely painted on.

Tincture of iodine full strength is a splendid treatment for ring worm. It is a good idea to paint a narrow ring of collodion about the eruption up close to its limiting margin, thus stopping spread of infection and applying tincture of iodine once or twice daily. Even in ring worm of the scalp it has proved quite efficacious, and it not only acts as an antiseptic, but is sufficiently irritating to inflame the skin and cause the hair to be easily removed. In this case the iodine must be applied in strong solution unless the infected area becomes quite sore.

In acne mild applications of iodine (20 per cent. solution) may be used quite continuously with very good results without any discolorations of the skin, if applications are made at night.

As a local application over painful joints following bruises or sprains iodine is very efficient and should be painted on at not too frequent intervals.

Sore scalding feet due to excessive perspiration are greatly relieved in cold bath of 1,000-5,000 iodine solution, followed by an alcoholic rub. Chilblains are also greatly relieved by a much stronger solution applied in like manner.

Eczema, when it does not cover too large an area, will frequently react to local application of tincture of iodine.

Some forms of goiter are greatly relieved by application of iodine in the form of an ointment, which is to be rubbed in well.

Superficial cervical and other lymphatic glands respond more quickly to the tincture. As an application to bubo, it is very beneficial, and I think abortive, if used early and quite thoroughly.

A boil may be aborted also if treated early by freezing with ethyl chloride, and painted immediately after with full strength of iodine. This to be repeated once daily until inflammation ceases. Felons of both superficial and deep variety can frequently be aborted by the same treatment.

The application of iodine (one part to two parts of echafolta) for canker sore mouth will afford your patient much relief and speedy recovery. A pledget of cotton saturated with the same mixture and packed into a carious aching tooth will afford immediate relief, and an application of the same on an orange stick about the teeth beneath the gums is death to pyorrhea.

A weak solution of iodine is a good application for erysipelas, especially if progressing from an open wound. The infected skin area should be sponged frequently.

In chronic bronchial and asthmatic conditions, as well as acute inflammatory congested conditions in the back or chest wall, can be lightly painted with full strength tincture of iodine for an almost indefinite period, with very beneficial results. The patient must be instructed to use the applicator lightly and quickly over the surface to avoid burning.

A full strength tincture of iodine can be used as a sterilizing medium to open wounds, especially those where there is considerable crushing of the tissue, or if the part was dirty or greasy at the time of injury.

As an injection of hydrocele following the removal of the serous fluid (25 to 50 per cent.) tincture iodine injected into the sac through the cannula and followed by a vigorous massage will almost invariably destroy secreting membrane and insure a cure.

In congestion and painful conditions of the ovaries tincture of iodine painted over the affected side for a prolonged period will prove efficacious.

In ulcerative and granular conditions of the cervix of the uterus an application of full strength tincture of iodine twice weekly following a tampon of glycothymoline will arrest a discharge, relieve soreness and promote rapid healing.

Internally, iodine is most efficacious and best tolerated in some form of dilution, preferably the potency from a third to thirtieth, homeopathic preparation.

It is a remedy of importance in all acute catarrhal conditions of all mucous membranes. If the patient loses flesh rapidly, regardless of the fact that the appetite is good, iodine is indicated. Where there is glandular atrophy, in wasting and scrofulous conditions; also where there is great weakness and difficult respiration following exertion; where there is a dilated condition of the pupil of the eye, tendency to cold skin, especially the extremities; also where there is great anxiety and tendency to work when quiet, consequently patient must be kept busy. He is liable to be forgetful and may be suddenly seized with the impulse to do violence. Where there is vertigo, which is worse from stooping over, a rush of blood to the head with throbbing and sense of constriction about the head, and these symptoms aggravated by heat. Where lachrymation is increased, the eyeballs are sore and kept continually on the move. During the menstruation period or where the period is excessive or irregular, and there is an excoriating, acid, slimy discharge, iodine will relieve. In conditions of sore throat with hoarseness, raw and tickling sensation followed by a dry cough. In in-

flamed and painful joints. In gonorrheal rheumatism and in cold and sweating hands and feet the remedy is indicated.

It is stated that 35 grains of potassium and 4 grains of iodine to one ounce of water (ten drops given three times daily) will expel tapeworm. With this particular treatment I have had no personal experience and cannot verify it.

PROLAPSUS OF THE UTERUS WITH CYSTOCELE AND VESICOCELE.

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This condition, all physicians will concede, is extreme and often puzzles a surgeon as to just what procedure he will institute in order to overcome the wrong. Numerous kinds of pessaries have been devised to relieve these patients, but they are merely makeshifts and are liable to aggravate the condition by producing irritation, which may result in cancer. Every patient who has as severe a wrong as the title of this paper would indicate should be prevailed upon to have an operation performed to cure the condition. In a condition as severe as this we not only have a prolapsus of the uterus, but we also have a prolapsus of the vaginal wall, anterior and posterior, which carries down with it the bladder and rectum. The wrong is more apt to occur in corpulent women and especially those who have had many children, and in cases where lacerations have not been properly cared for. It is remarkable how little constitutional symptoms are manifest, and those usually only due to the constipation and bladder irritation, thus being purely mechanical in their nature. These are enough, however, to make life a burden to a sufferer of this kind.

There are differences of opinion among surgeons as to the best operative method of overcoming procidentia or extreme prolapsus of the uterus. Some advise the removal of the uterus, others claim it should be left. I believe that method should be selected as will best fit the case.

If a hysterectomy is done it is best to select the abdominal route in order that we may attach the vesico-uterine and recto-uterine ligaments to the stump of the broad ligaments in such a way as to support the bladder and rectum and thus prevent a prolapsus of either or both. Not only this but a perineorrhaphy is necessary in all these cases in order to support the vaginal wall. A vaginal hysterectomy in procidentia is liable to be followed by a prolapsus of the vaginal wall to such a degree as to have a protrusion from the vulva as prominent, as was the uterine prolapse previously.

A case of this nature recently came under my care. She had been operated upon seven years before, a vaginal hysterectomy having been performed by another surgeon while I was in Europe. At that time I might have done the same operation in the same way with the same result, but I have learned differently. We found upon careful examination a very thin rectal wall, as well as a thin bladder wall, both rectocele and vesicocele being quite large. After making an incision from above downward along the posterior

vaginal wall we carefully dissected off the vaginal from the rectal wall, continuing the dissection of the vaginal flaps laterally to freshen the perineal wall. A buried suture of fine catgut drew the perineal wall together over the rectal wall, gradually building up a firm perineal body. Two provisional mattress sutures of silkworm gut held the perineal body still more firmly, and finally interrupted superficial sutures of chromic gut closed the posterior vaginal and perineal wound.

The cystocele was operated by making an incision over the protruding mass, carefully dissecting down to the bladder wall, which was gradually pushed off of the vaginal wall. After the bladder is sufficiently detached it shrinks up and is easily supported by placing two or three deep mattress sutures so that they pass adjacent to the wall of the bladder. They are tied so as to oppose the two vaginal flaps not too tightly. The superabundant vaginal tissue is trimmed off with scissors, leaving about a quarter to a half inch of flap extending beyond these sutures. We now use a continuous catgut suture to coaptate the vaginal edges. I adopt this technique in all cases of cystocele, as well as vesico-vaginal fistulæ, and have never had a failure. There was some sloughing of the rectal wall in this case which resulted in a rectovaginal fistula. A second operation resulted in a closure and a complete cure of the case.

When the uterus can be left I do what is called a Wertheim operation. This is done vaginally. We first make an incision along the anterior vaginal wall and dissect up through between the bladder and uterus until we enter the pelvic cavity. We bring the uterine fundus down into the incision; that is, invert it or antevert it, if you will, so that the body of the uterus rests against the bladder, thus supporting the bladder. A couple of catgut stitches are placed through the uterus and adjacent tissues in order to hold it in this position. You will now find that the cervix has been pulled upward, pulling with it the vaginal walls. The vaginal flaps may be trimmed off and a continuous suture introduced to close the opening. An operation to overcome the rectocele and to build up the perineal body will complete the work. This operation is selected in women who have passed the menopause whose uterus is perfectly healthy and who have no family history of cancer.

The advantages of this latter method is the absence of shock, the avoidance of a ventral hernia, which is apt to occur if an abdominal hysterectomy is done, owing to the fat abdominal walls we most always encounter in these cases. Then, too, the patient is more easily induced to have an operation of this character than to have to sacrifice any of her organs.

CONCLUSIONS.

1. The Wertheim operation is to be preferred for procidentia providing the uterus and appendages are healthy.

2. Abdominal hysterectomy is second choice and should be resorted to if there is subinvolution of the uterus, endometritis, or any reflex symptoms indicating that there is uterine trouble.

3. In addition to either of the above operations perineorrhaphy is, as a rule, necessary.

4. Operative interference is indicated, no matter how old the patient may be, the only contraindication being great feebleness of the individual.

5. Preparatory treatment may strengthen such a patient so that she may withstand an operation later, especially the Wertheim.

ORIFICIAL SURGERY AN AID TO GENERAL SURGERY.

Benj. E. Dawson, M.D., Kansas City, Mo.

It has been twenty-eight years since Dr. E. H. Pratt caught a vision of the philosophy of orificial surgery. Since that time thousands of the most skillful and scientific surgeons have made a critical and practical test of its principles, and found them as true as the law of gravity. Not that there have been no failures; they have been numerous, but failures do not disprove the principles. Failure only shows a lack of differential diagnosis, or want of proper technique. Notwithstanding the many failures the marvelously successful results of this work have given indubitable proof of its value. Many old chronics, with so-called incurable diseases, who had gone the rounds of all kinds of pathies, were promptly and permanently cured by this measure. And yet, after more than a quarter of a century of rigid testing out, by honest investigators, the ignorance of its principles in the profession is almost beyond belief. Prejudice will often cause men to close their eyes and declare an obvious object is not before them. We are prone to condemn without investigation.

However, it is beyond the scope of this paper to give a general view of orificial surgery. I am to deal with it only in connection with general surgery, a very limited, but a very valuable application of its principles. If surgeons generally knew of the value of this work it certainly would not be ignored as it is. It insures a more rapid recovery, both from the surgical procedure and the anesthetic, and often prevents disastrous results.

In operative surgery we make and close wounds. In making wounds we are guided by the necessities of the case. The nature and extent of the wound is prescribed by the character of the work to be accomplished. It should be limited to the adequacy of its purpose. Most surgeons understand and appreciate this, but it is in the closure of wounds that there is room for improvement. There should be more respect for anatomical and physiological considerations. It is my observation, in the operating room, that the habits of most surgeons are seriously at fault, and these bad habits are taught in our latest text-books. They involve unnecessary pain, shock, endanger the success of the operation and sometimes even the life of the patient.

I will mention some of these bad habits, because it seems to me they need correction; they are clumsy, unsurgical, unscientific and cruel in their nature. One of the basic principles of orificial surgery is to avoid and re-

lieve nerve impingement. These bad surgical habits involve the severe impingement, either by clamp or ligature, of large masses and their contents, which induce shock to the patient, endanger the vitality of the constricted stump and invite the formation of sloughs. It also encourages secondary hemorrhage and sepsis.

The first bad surgical habit is ligating the omentum when it is amputated. In the application of a ligature, to wads of the omentum, sympathetic nerve plexuses are squeezed. This is unnecessary; the hemorrhage can be controlled by a running suture, which includes each blood vessel in a separate loop, which, when tightened, controls the hemorrhage without pinching other omental tissues. This requires but little more time than bunching en masse the omentum, is much better surgery and avoids undue nerve impingement.

The second surgical bad habit is ligating in segments or en masse of the broad ligaments, or of the uterus itself, or of both, in the removal of ovarian and fibroid tumors. The folds of the broad ligaments enclose large sympathetic plexuses. These sympathetic plexuses play no unimportant part in the bodily economy, and should never be ligated when it can be avoided. Hemorrhage can readily be controlled here without ligating nerves. In removing the ovaries and uterus there are two places where hemorrhage will be encountered. These are at the outer and inner edges of the broad ligament. The first is marked by the point where the ovary and fallopian tube meet, and the other is situated just below the angle of the attachment of the fallopian tube to the uterine margin. The ovary and tube can be dissected from the broad ligament by beginning at the outer extremity. When a blood vessel is encountered secure it with forceps. Next coat the severed margins of the broad ligament with a continuous suture, beginning at the outer edge, and at every artery forceps a loop is thrown around the blood vessel sufficiently tight to secure it. In this way no wounded surface is left in the peritoneal cavity. At the margin of the uterus one or two more additional loops will be needed to close the mouth of the artery in the grasp of the forceps. If the uterus is to be removed it can be amputated by the flap method without the slightest difficulty. There is but slight bleeding, and there is no excuse for choking it with a ligature. The flaps can be brought together with the same lateral continuous sutures, and tied in the middle. After this work there is no raw surface left in the peritoneal cavity; only a narrow uninterrupted seam from the outer margin of one broad ligament to the outer margin of the other. There is no excuse for choking masses of tissue with ligature or clamp as is now so common. This method is free from every objectionable feature and its advantages so great that the old method should be discontinued.

The third bad surgical habit is the clamping or ligating of the broad ligaments in vaginal hysterectomy. The employment of clamps or tissue ligaments in vaginal hysterectomy is fraught with danger and may prove disastrous. Sometimes there are adhesions, and the danger of injuring the intestines or ureters should not be ignored. Secondary hemorrhage may be a result of sloughing, induced by choking off tissues, with ligatures or

clamps. When the broad ligaments are squeezed, by either ligature or clamp, sufficiently to control hemorrhage, not only blood vessels, but intervening tissues are badly pinched; this means severe traumatism to considerable peritoneal surface and large plexuses of sympathetic nerve fibers which lie within the folds of the broad ligament. The protracted pinching of these plexuses creates severe functional disturbances; it may ring up changes in remote parts of the body, creating great disturbances in the various organs. The uterus and appendages can be removed through the vaginal route, and satisfactorily handled by the dissection method. The field of work can be kept in plain view, and, should a blood vessel be severed, it is an easy matter to seize and ligate it at once; or, if preferred, let the forceps remain on until closing the wound, when a ligature can be applied.

The fourth and last bad surgical habit is the old method of clamping or ligating hemorrhoids. There is no excuse for this clumsy, unsurgical method of removing pile tumors. It was introduced when there were no instruments to expose the rectal parts, so as to have them at the command of the surgeon. Fear of hemorrhage was the excuse for this method, but with instruments that have been in use for at least two decades, the whole field is before the surgeon in his operative work, giving him complete control of the hemorrhage there as in any other operation. Since beginning this paper I removed a neoplasm of cauliflower appearance, the size of a walnut, high up in the rectum with a sessile base. I had perfect control of the bleeding, notwithstanding it was a professional bleeder. In doing any work in the rectum, if there is hemorrhage, the bleeding vessel can be secured by ligation, if necessary, although in hemorrhoidal work it is rarely called for. It is a matter of deep regret that the slit operation, after Pratt's method, is either ignored or unknown by our leading surgeons. This method is sane, scientific surgery for removing hemorrhoids. The very latest text-books still teach the old barbarous methods. I have received, through the courtesy of the publishers, the 1914 edition of DaCosta's Modern Surgery, which is a most excellent work, with this exception. So far as I have examined other late text-books on surgery have the same fault. This is no unimportant matter, as it is dangerous to the life of the patient. You may choke a man's life out as quickly by squeezing nerve terminals in the rectum, as if constricting his throat. A prominent surgeon of national reputation killed a patient in a clinic in this way. He wrote a report of the case in detail, but had not the least idea of the cause of his death.

I wish simply to protest against undue nerve impingement in surgical procedures. Nerve impingement of cerebrospinal fibers may be responsible for pain, irritation, inflammation, sepsis and death in surgical cases. It may also induce clonic or tonic muscular contractions. Impingement of sympathetic fibers disturbs functions and lowers vitality.

HORMONE THERAPY IN PEDIATRICS.

H. C. Smith, M.D., Glendale, Cal.

This subject for a paper was suggested to me by our worthy secretary, Dr. Mundy. I believe, however, that, in the present state of our knowledge, glandular therapy would apply more aptly than hormone therapy. I chose to write upon it not because I am an authority upon the subject, nor because my experience has been wide, but because I believe that this is a particularly valuable line of study from a therapeutic standpoint, and that anything that will arouse interest in the subject must be advantageous to the profession at large. The results so far accomplished in this direction are indicative rather than conclusive, but I believe that the indications are sufficiently specific to be utilized as a foundation for a definite superstructure.

In pediatrics our therapeutic activities often should begin, if not before, at least immediately after conception. Given a prospective mother who is too fat and sluggish, and especially one who has an enlarged thyroid gland, and we may safely predict an abnormal child, physically, mentally, or both, unless treatment is prompt and efficient. Example: A young lady, a relative by marriage, was pregnant some five months with her first child. The conditions before mentioned prevailed. During a very brief visit she consulted me as to whether the goiter was liable to do harm. I told her that it was; explained matters to her, and advised her to consult her family physician and put herself under his care, as I knew him to be a live, up-to-date practitioner. She failed to follow my advice, and, in consequence, a daughter was born to her minus one ear, and the canal of the other imperforate. I do not know the mental condition in this case.

In this instance the proper treatment would have been the administration of thyroid extract, although the administration of some activator of the thyroid functions, such as the iodides, is, in many instances, all that is necessary to start a normal functioning of that organ. I am sufficiently Eclectic to believe that it is also advisable, if not absolutely necessary in this class of cases, to clean up the system by the use of such eliminants as iris, podophyllum, etc., in conjunction with the direct glandular therapy.

Again, the prospective mother whose teeth are decaying and whose pelvic bones give her trouble, is suffering from one of two things: an improper diet as to its calcium content, or, what is more probable, the parathyroids are not functioning properly. In this instance it is necessary to regulate the diet; furnish some assimilable calcium salt (preferably one finely comminuted, such as the so-called biochemic salts); look after the thyroid, hypophysis and parathyroids, and perhaps administer preparations from one or more of these organs.

After birth a hormonic equilibrium must be maintained in order to insure normal growth and development of the child. The two hormones most vitally connected with the process of development in an infant are those furnished by the thyroid and thymus; although the hypophysis seems to be concerned in the process to a considerable extent. In a general sense it

might be stated that in the infant the thymus is the activator of growth, and the thyroid is the activator of development; as that seems to be the substance of the results of experiments of Gudernatsch, verified by Abderhalden and others; although in the fetus, if the thymus is not sufficiently active, the fissures fail to close. Each exercises a counterbalancing influence upon the other. The parathyroids and the anterior lobe of the hypophysis maintain a similar relation to each other in regard to the growth and development of bones.

Another important influence of the thyroid gland is its influence upon the mentality of the individual. Who of us has not seen the cretin in its pitiable state? Also, who of us has not seen the poor imbecile blossom out into a normal, healthy-minded child under the influence of thyroid feeding? Again, there is the pudgy, sluggish, good-natured child, over-weight, droopy-eyed, with prominent manubrium, who is about half way between the imbecile and the normal child. Here we have a disturbed equilibrium between the thyroid and thymus, with a condition of hypothyroidism as the result. In this condition, also, we may see the child make a prompt change toward the normal under the influence of thyroid medication.

Rachitic children, while they usually respond to proper feeding of assimilable calcium salts, may not do so, and it is well in such cases to try parathyroid medication. Although it is not definitely known whether such treatment is of any great value it deserves a thorough trial in this class of cases. The same may be said of those children who are slow in teething, cross and peevish during the day, and restless at night. We have not done our full duty by the child if we merely prescribe our matricaria, nux vomica or other similar remedies, unless we regulate the calcium content of the diet, and then see the glandular activity is such that the system assimilates it.

While I am supposed to be discussing hormone therapy in pediatrics I cannot help feeling that in pediatrics do we particularly find our grandest opportunities to avoid the necessity of such therapy.

One of the most prolific disturbers of hormonic equilibrium is chronic congestion of the structures in the region of the pharynx. It is very much the custom at the present time to remove diseased tonsils and adenoids and consider the whole duty fulfilled. When we consider that a vast percentage of these cases have their origin in undue exposure of the child immediately following its birth and during its early toilets, we can readily see that prevention here is not only simple, but much better than cure.

These cases of congested throats, if discovered in time, may be corrected by proper hygienic and medicinal treatment, so that it will be wholly unnecessary to exhibit hormone therapy later; much less the operative measures upon the tonsils and adenoids; to say nothing of the avoidance of the high narrow arch to the roof of the mouth and accompanying encroachment upon the nasal spaces; narrow lower jaw and crooked, misfit, overcrowded teeth. Thyroid and hypophysial therapy will relieve the mental apathy (after the tonsils and adenoids are removed), but will not widen the jaws nor straighten the teeth; nor will such treatment give a larger breathing space, except in

the posterior nares. Neither will it overcome the pigeon-breast that accompanies long standing cases.

In like manner exposure is productive of acute nephritis in the infant, which so often is the precursor of chronic diseases of not only these organs, but of the suprarenal capsules, which have such an important influence upon hormonic equilibrium.

While it is true, as Sajous brought to our attention years ago, that the adrenal secretion is of such major import in maintaining vaso-motor tone, it is also true, unfortunately, that the administration of suprarenal extract preparations has not proved of any particular value, except in cases of shock or hemorrhage, when given hypodermically for immediate and pronounced effect. In operations upon children for the removal of adenoids and tonsils, or, in fact, any operation in which a general anesthetic, especially chloroform, is to be given, the child does much better if adrenalin is injected into the tonsil or other tissues.

Any particular necessity for the administration of suprarenal preparations, or any other vaso-motor stimulants, should direct our suspicions toward the kidney as a seat of pathology. Here, again, if the involvement of the kidney in infancy is recognized, it may be promptly overcome by proper hygienic and medicinal treatment, and a long train of ills and hormonic disturbances prevented.

As the child approaches adolescence we often find a hormonic disturbance that is merely due to nature's efforts to adjust herself to changing conditions. It is our duty to regulate the hygienic and dietetic condition of this patient; study the activities of the glands of internal secretion; and particularly watch for evidences of masturbation. Hormone therapy will not obliterate an elongated, tight, adherent prepuce or hood.

As the child reaches the age where puberty should be well established we often find one of two conditions confronting us. The sexual glands may have failed to develop, and, if so, we find the boy effeminate, slow of growth, facial and body hair absent or very sparse; or, we find the girl slim and boyish, thyroid enlarged, mammæ undeveloped, and menses appearing late and usually scant. There is a tendency in either case to nervous irritability. On the other hand, we may find that either sex may show precocious sexual development, and especially if masturbation or illicit intercourse is indulged in, we may find the hormonic equilibrium between the thyroid and sexual glands so disturbed by the forced over-activity of the sexual glands, that the patient's memory is dulled; ambition a minus quantity, and even the resistance to infection manifestly lowered. If the patient is a female she is liable to suffer a wide range of emotional disturbances, especially at the menstrual periods.

While a cessation of vicious habits is imperative in these cases, in the latter case, the administration of thyroid extract is of value in hastening the establishment of hormonic equilibrium. In the former state the administration of orchitic extract to the boys and ovarian extract to the girls, suffices to restore normal functioning of and equilibrium between these organs.

HUMAN STATISTICS.

W. E. Daniels, M.D., Madison, S. D.

That the human race, at least the civilized portion of it, is becoming weaker and degenerating I think no one with an investigating turn of mind will deny. Not only are we degenerating mentally but physically at an alarming rate. While science has nearly doubled the length of life within the past two centuries, yet there has been going on a remarkable depreciation in racial vitality and stamina.

The United States Census Bureau, as well as the government of Great Britain, has for the past few years been carrying on an investigation, and I quote largely from their findings. The two governments have arrived at and given to the world their facts, and if they are doubted the British Association for the Advancement of Science and the United States Census Bureau will furnish anyone with a copy of its findings. In a recent report of the British government, the investigation having been made prior to the present war, showed that the average English soldier was at least one inch shorter, and our own recruiting officers testify that at least 60 per cent. of all those offering themselves for enlistment are below the average height. In some parts of the British Isles it has been found necessary to import men to supply the police departments with men of sufficient stature to serve that department.

I need not dwell very largely on the condition of our feeble-minded and insane population. It is stated on good authority that there is one mental defect in nine, and at the present rate, if statistics count for anything, there will be one mental pervert in every three within a century unless eugenic or some other means step in to check the rapid increase. While State boards of charity and other institutions have greatly improved the conditions under which the insane and other mental defects are treated, yet they have done nothing to check its increase. Mental defects have increased within the last century 900 per cent., and, unless it is checked, according to our best authorities, there will be within a century one mental defect in every nine of our population. Some States claim that the mental defects have doubled within one generation. When we stop to consider our physical and mental defects and the offspring of the same it is alarming. Take, for instance, our children of school age, and according to our best authorities we have some twenty million of school age, and this is the estimate of Dr. Wood, of Columbia College: One million have flat foot, spinal curvature, and other deformities grave enough to interfere with health; one million, defective hearing; five million, defective vision; six million, malnutrition; ten million, defective teeth and digestive organs; six million, enlarged tonsils, adenoids or diseased cervical glands. Practically fifteen million of the twenty million school children of the United States are physically or mentally defective.

We are very proud and boast considerable of our progress in medicine and especially in our preventive medicine, but what are the real facts? Are we not losing instead of gaining ground? Let me quote somewhat largely from a recent issue of our census bureau: While lessening the mortality rate of acute diseases, almost without exception we have utterly failed to make an impression on chronic diseases, and when we consider that chronic diseases kill at least half of our people, or nearly 800,000 every year, and fully one-half of that number die from diseases that could be prevented, is it not time that the State and National Boards began an educational campaign to teach the people how to live?

Heart disease has increased 50 per cent. within the last ten years; arteriosclerosis, 6 per cent. per 1,000 in 1900, 21 per cent. in 1911; according to the latest census, nearly four times as many people die from diseases of the blood vessels as they did ten or fifteen years ago; Bright's disease has increased 150 per cent. within thirty years, and the mortality rate of diabetes, notwithstanding our boasted specific treatment, has increased 50 per cent. within a dozen years, and the mortality of appendicitis has increased 10 per cent. in the last fifteen years. Why all this? Are we, as a people, living too fast? Are our habits such that we lessen our vitality—and these diseases develop?

I shall not attempt to solve the question, but I do call your attention to this one fact—that the greater the consumption of alcohol in its various forms the greater is our mortality from our so-called chronic diseases and the greater the consumption of liquors the greater number of defects. The offspring of alcoholics constitute a large per cent. of those who fill our asylums and almshouses.

I have not mentioned the various skin troubles, nor the blindness, nor various other maladies that go hand in hand with the drink habit, but that alcohol and its preparations is one of the main factors in our degeneracy there is no question, if science stands for anything.

DISCUSSION.

Dr. T. D. Adlerman: I did not intend to get into this, but I can not keep out. I would like to ask, if it is true that cutting out alcohol and meat would solve this problem, how it is that we have so many vegetarians in our insane asylums? It seems to me that a meat or a vegetarian diet has nothing whatever to do with insanity. The subject of alcoholism in the production of feeblemindedness and insanity is very important. It can not be denied that alcohol is one of the main causes in the production of insanity. Most of the text-books will mention syphilis, but I consider that is one of the greatest mistakes that has ever been perpetrated by the medical profession. Syphilis produces a certain condition which in conjunction with others will produce insanity, but there are certain countries where syphilis is so widespread that as you walk along the street six out of nine people you meet have syphilis, but there is not a single case of tabetic dementia.

There can be no doubt that alcohol is one of the main causes in the

production of insanity. Last year in Indianapolis I read a paper on this subject and gave the statistics showing the number of insanity cases in New York where alcohol had proven the primary cause, and, while the eating of meat may have something to do with it, it is well known that if men will not abuse their reproductive function they will not suffer from insanity, and it is also well known that a large proportion of cases of tabetic dementia come from large cities, men who use a large quantity of meat and alcohol and abuse their reproductive function.

Dr. H. E. Vitou: I would like to ask Dr. Adlerman if alcohol does not have a large influence in the production of syphilis and other venereal diseases. Is not a large percentage of this disease contracted while under the influence of alcohol?

Dr. Adlerman: Yes, that is true. A man goes out for a good time and he fills himself up with spirits that cheer, and then after this you know what follows. So you can say that alcohol has an important influence in the production of syphilis, and is thus a cause of insanity.

Dr. W. E. Daniels (closing): I am glad to hear Dr. Adlerman, because he has given special attention to the subject of insanity, and in my observations of thirty-one years I know Dr. Adlerman's opinions coincide with the reports of the United States Census Bureau. I gained much of my knowledge in that particular from the reports of the English government, as well as ours. It may be a disgrace—the conditions that exist, as the doctor says—but it is not my fault. The United States government brings us the facts.

OUR MISTAKES.

W. Van Nette, M.D., Clyde, Ohio.

Shakespeare once said, "There is no sin but ignorance." And it is through ignorance we make most of our mistakes.

Many of us start out in medical practice with the big head, but after we have had a few years' experience, and killed two or three people, we get rid of the big head and begin to be better fitted to treat the sick. And even after all precaution, study and care, mistakes will occur. And right here let me say that we should be as free to report our mistakes in our medical meetings as our successes, for we can often learn from the failure and mistakes of others and thus avoid the same pitfalls, and so in a way be nearly, if not quite, as important as the successes. But we fear to report our blunders for fear that some medical savage will jump on us with both feet and without mercy. Yet that same doctor may have made even worse blunders, only of a different nature. But as we progress, the longer we live, the more experience, the more tolerant and less critical we become.

Some years ago, before antisepsis was so well known, I read in one of our journals of a doctor who had lost three cases of puerperal septicemia in succession. He knew the infection was about his person, but could not locate it. So he went away for a few weeks, hoping to get rid of it. But on returning lost his next case from the same cause. He then happened to think of his driving gloves, which he burned, and that ended the trouble.

Fortunately he was brave enough to report it to his medical society so others would not make the same mistake.

Last fall I packed a cavity with gauze cut crosswise. I had done it often before, but in this particular case a part got fast, tore loose, and it was several days before I could get it, and on that account did not get as good a cicatrix as should have been. So I cut my gauze lengthwise after that. But that was one of the little ones.

We have all kinds of people to deal with, and among these many poor, some of which become our best friends and others our worst enemies. And with this latter class we often get into trouble. For example: A couple of years ago, I was called several miles to do a small operation and found I would have to give an anesthetic, and, wishing to save the family expense, did not call another physician. And the law requires this. The old man had been a hard drinker, and his heart was weak, and he was weaker generally than I knew, and it was not long before I had my hands full in more ways than one. I soon saw some of the family jump around like a lot of hungry wolves. The fact of it was they wanted the old man to die, and they also were in great glee to think of the prospect of a malpractice suit against me. Well, I at once took in the situation, and then I, too, jumped around some. But it seemed an age before the old man was safe and I was safe. But the family were much disappointed both ways. However, the lesson soaked in just the same. All that this class of people care for is what they can get out of us. No gratitude, no remuneration.

I think medical practice should *not* be used as a means of exploitation. The interest of the patient should come first. It is a good plan to take our conscience with us and remember the Golden Rule, and always lean on the side of mercy. It certainly is a mistake to do otherwise. It seems that the whole world has gone money mad. Even medical practice has been tainted by this same moral blunder, so much so that even the jokers have noticed it. One of these runs like this: When a doctor goes to see a patient he makes three guesses: First, what ails him; second, what shall I give him; third, what can I get out of him. And the surgeon also has to take it. One goes like this: The surgeon was asked what he operated for? He said $300.00. And what did the patient have? Why, he had $300.00. People have told me that they fear going to a doctor like going to a lawyer, for fear of being skinned. Burns wrote:

> "Oh, would some power the giftie gie us
> To see oursels as ithers see us."

It is a great mistake, therefore, if we do not do absolutely straight business. And I am sorry to say that there is not the respect for the medical profession to-day that existed thirty or forty years ago. This I think is largely due to the money-mad race for plunder.

A drug salesman lately told me that in the town of St. Charles, Mo., there are several physicians, and among them he said one is a "nigger,"

and the peculiar thing about it is that the colored physician has the patronage of the best people in town and that every train brings patients to him from out of town. Inquiring why this was, he answered, "That he sure knows his materia medica; he gives the service and treats his customers right." The fact is, the world is looking for reliable efficiency. Although it requires work, sacrifice and burning of midnight oil, let us furnish this, no matter what our color, location or station in life; "the world will make a beaten path to our door."

We go through this world but once. So, if we can make known our mistakes to others, give the helping hand, strive for truth, justice, toleration, knowledge and progress, do the best we can, censure others as little as possible, we will be better doctors and better men.

THE CHILD AND THE LOWER ORIFICES.

J. H. Hauck, M.D., Terre Haute, Ind.

Our worthy and efficient president inflicted a very great burden upon me when he wrote and told me I had to write a paper for this meeting, and he even went so far as to send me the title of this paper, so I could not very gracefully refuse. I am sure that after you have listened to this paper that you will agree with me that the infliction has been two-fold.

Most all adults think they know more about their "lower orifices" than you or I do, and they are naturally a little more reticent about going to the physician with maladies of these parts or organs. However, the child has no chance for a very great learning about its "lower orifices," and so the physician has a much better chance for the examination of a child where the parents do not stand in the way. Since beginning the practice of medicine I have treated children in all manner of ways, giving medicines when I thought they were indicated and other treatments when indicated. I wish to state, however, that I have had much more success in the treatment of children since I began to examine for nerve irritation. As you all know, the nerves are well distributed over most all parts of the body, and where there is an obstruction or pinching of these nerves in any case, child or adult, you will have trouble to remedy. These pinchings or irritations may be found in the back along the spine, in the "upper orifices," such as the nose, ear or mouth; in the so-called "lower orifices," such as the vagina, uterus, rectum, penis or clitoris, or at any other point. I must not confine my remarks to this paper heading, for they are applicable to all cases, the child as well as the adult.

Did you ever stop to think how many of the troubles we have to contend with—start at the mouth of the organ afflicted? Did you ever reflect earnestly on how much of our human anatomy is composed of tubes? You know, you hear through tubes; digest the food through tubes; eat and drink through tubes; defecate through tubes; you urinate through tubes; sweat

through tubes; circulate through tubes; breathe through tubes, and eliminate through tubes. Women menstruate and give birth to children through tubes. I want to emphasize the fact that much of our ailments come from impingement of some portion of our bodies. The mouths or orifices of the lower tubes of the body are protected by muscles and sometimes doubly protected by two sets of muscles. For instance, the rectum is protected by external and internal sphincter muscles; the uterus has an external and internal os uteri. The rectum may be too tight, or there may be piles, external or internal piles, or hemorrhoids; there may be rectal ulcers or other pathology. The os uteri may be torn in childbirth, or it may be too tight, causing painful menstruation. Of course, we find these latter conditions only in the mature female. In the child we have the tight rectum, or rectal irritation from whatever cause, and urethral irritation; an irritation of the foreskin and frenum in the male, and the hood of the clitoris in the female may be too long or grown fast or adhered to the organ.

Wherever we find any of these irritations or pinchings they should be relieved by proper procedure, and then go ahead and give your indicated remedies and you will find your cases of children will get well much more rapidly than they would if you had not relieved the nerve irritation. How many among my listeners but have had good results from circumcision of the boy? Why did you get benefit from this procedure? Because you relieved some nerve obstruction or irritation. If it is good treatment for the boy, would it not be good treatment for the girl? Why not extend the same privilege of health and cleanliness of morals to the female as we do to the male? They surely are deserving of attention the same as the boy. If it is good practice to give relief by circumcision, why is it not good practice to relieve other forms of irritation anywhere you can find them? I could cite you numerous cases that have responded to this thought. I will not tire you with numerous case records, but a recitation of a case or two may not be amiss at this time, and if it will bring one thought or one ray of light to help you in your work I shall certainly be satisfied.

Case 1.—Girl, eleven years of age. Had history of being nervous all her life. Was taking piano lessons but could not sit still at the piano long enough to practice. Could not eat or sleep satisfactorily on account of nervousness. The teacher sent her home from school on account of her irritability. They brought the case to me, and, on examination, I found a very tight rectum and the hood of the clitoris entirely covered and was adhered to the organ. Under anesthesia the hood was loosened from its moorings and a circumcision was performed. The rectum was thoroughly dilated. This girl made rapid improvement and went back to school, to the table, to the piano, and to her night's rest with all irritability relieved. The good results were noticed by everybody with whom she came in contact. The parents and the girl herself were greatly pleased with the happy outcome and results.

Case 2.—Boy, eight years of age. This boy had a twitching of the eyelids; was always blinking the eyes. This little fellow also stuttered since he first began to talk. Was very susceptible to cold and very nervous; his appetite was poor and he was illy nourished. He was very slight of stature and had an almost translucent skin of pearly whiteness. Medicines were given, oculists had examined the eyes, and treatment followed with no result. I asked for a thorough examination the first time I saw him. I found and remedied a very tight rectum and circumcised the boy. I found the hood entirely attached to the glans penis, and it required tedious and careful dissection to free this part. The child responded nicely and for about six months was very much improved. The eyes and stuttering were both improved and the appetite returned. However, there followed a period of decline when these symptoms were becoming exaggerated again. On examination, I found that a portion of the foreskin had grown on the glans again, and I had to repeat this part of the procedure and kept it from re-adhering again and the unpleasant symptoms gave way again, and the child is as healthy and as strong as other children now. In performing circumcision, for both male and female, it is very essential that the covering be watched and kept from growing back again to the organ or glans. This last case especially demonstrates the cause and cure of the symptoms, as the re-appearance was followed by relief after certain measures were used.

IMMUNIZING FOR TYPHOID FEVER.

C. J. Hemminger, M.D., Rockwood, Pa.

The prophylactic value of vaccination in typhoid fever is no longer an experiment. Clinical experience is accumulating; in fact, has already increased to such proportions that there are very few physicians that are skeptical concerning the results following typhoid vaccination.

This manner of treatment was begun in a clinical way about 1903, and has gained slowly but surely until thousands of individuals in private life are vaccinated by choice, preferring to experience a slight discomfort that follows rather than suffer loss of time, expense, and even death caused by typhoid fever.

In the armies of the world it is a compulsory procedure for the purpose of protecting the efficiency of the army in camp and field. In the past a large percentage of the armies were disabled by typhoid, lessening their efficiency as well as decreasing the number in the ranks, burdening the various hospital units, and seriously embarassing the medical department.

Inoculation by typhoid vaccine is equivalent to the same results that you observe in persons that have passed through a typhoid attack. Statistics prove that persons that have been inoculated with the anti-typhoid vaccine contract the disease in the same proportion that individuals do that have had typhoid fever, and all practitioners will admit that such cases are very

rare. In the continental armies to-day typhoid is almost unknown because of the rigid enforcement of the vaccination of soldiers.

It is an accepted fact that the modern methods of engineering concerning sewage, filters, chemical disinfectants, has materially reduced typhoid, but typhoid vaccine is a strong arm of defense, a preparedness as it might be termed, establishing a practical immunity.

All members of a stricken family and those associated in the household should be vaccinated. The vaccine is harmless when applied by a physician using the common sanitary precaution, viz., wash the part at the place of inoculation with sterile water; follow with 50 per cent. iodine locally. There are a series of rules that should be observed to avoid complications:

1. Never administer to any but healthy persons.
2. Avoid the puncture of a vein or intramuscular injection.
3. Sterilize syringe and needle; use only small needle.
4. Children especially are to avoid exposure to the sun following treatment.
5. Avoid administering it during menses and pregnancy.
6. Allow no hard labor or indulgence in alcohol for forty-eight hours.
7. Avoid indurated areas.

The sequelæ are a slight inoculation fever, malaise, which lasts from twenty-four to forty-eight hours. There is a difference of opinion concerning the time that should elapse between injections; some authorities advocate ten-day intervals, while others, eminent in the profession, two-day intervals. I believe the ten-day interval safe and efficient, and is the manner in which I have used the vaccine.

The dose is one-half million dead bacilli at the initial injection followed by one million at each succeeding dose. Individuals going to the country from the city are very susceptible to typhoid infection and should be vaccinated before beginning their vacation. The length of time that the inoculation is efficient is from three to four years.

THE CARE OF SURGICAL PATIENTS BEFORE OPERATION.

Adele L. Palmitier, M.D., Brooklyn, N. Y.

The object of this paper is a plea for better care of surgical patients, if possible, three days before operation.

An underfed, overpurged, sleepless patient is surely a poor surgical risk, yet this seems to be the condition of most patients going to the table, but, of course, this excludes emergency work.

A patient should be put to bed at least twenty-four hours before operation. Five small, easily digested meals a day, and at least two pints of drinking water, also three or four cups of some kind of gruel, sweetened to the taste every twenty-four hours, this latter to store glycogen in the liver, of which there is apt to be a deficiency after a general anesthetic. If for any

reason gruel cannot be taken glucose, one-half ounce, in a pint of tap water per rectum every four hours for twenty-four hours can be given. If the urine is over acid sodium bicarbonate, one drachm, in one-half glass of water every four hours should be given.

The morning of the day before the operation give two tablespoons of laxol or some other purge the patient is in the habit of taking; this will raise less disturbance and also please the patient, as they know what to expect.

The evening before the operation give a two-quart high soap suds enema, then a tub bath, or at least a sponge bath, followed by an alcohol rub, at the same time preparing the parts, such as scrubbing and shaving. Now your patient is ready for a sleep, which must be undisturbed.

To a patient not in pain, just nervous, veronal 5 grains for women, and 10 grains for men, in a little hot milk, will usually give six or seven hours of quiet sleep. If insufficient, 5 grains may be given after one hour. If the patient is in pain any preferred hypnotic should be given.

If there be no obstruction give a cup of coffee or broth two and one-half hours before the operation. This prevents headache, and, in most cases, nausea, caused by an empty stomach.

Forty minutes before the operation give a hypodermic of morphine sulph. grain one-quarter, and atropine sulph. 1|100 for men, morphine one-eighth grain, atropine 1|125 for women, patients over seventy and under seven excepted.

With this care our patients will require less of anesthetics and be in better condition after a severe operation.

TYPHOID FEVER.

A. J. Nellans, M.D., Elmwood Place, Ohio.

In writing this paper upon the subject of "Typhoid Fever" I will have nothing new to offer. As you have ofttimes heard, there are few leaders and many followers. And as luck will have it, or lack of "push" on my part, I am found in the latter class.

The object I had in view in selecting this subject from several others, which our president of this association, sent me, was to gain some knowledge through the discusssion of this subject by the different members of this medical body, in regard to the proper food for a typhoid fever patient. As the food question always gave me the greatest concern the query always was, what would be best for my patient to eat, and taking no chances on doing my patient an injustice through an improper food or diet.

Now we are taught in our text-books that typhoid fever is an acute infectious disease, caused by the invasion of a specific micro-organism, known as the bacillus typhosus.

Etiology: In regard to age and sex, I find in sex neither one more prone to typhoid fever than the other. It is pretty evenly divided. And

with respect to age I have found infants with typhoid fever which had been infected by its mother's milk. And I have found cases in the old, but the majority I find under the age of thirty-five years. Infected milk, infected water, and I might say fingers, and flies appear to have caused this disease more than any other factor. You will find the typhoid bacillus in the urine and feces in the living state during the heighth of the disease. So we find that the entrance of the typhoid bacillus in the gastrointestinal tract, whether it is in food, liquid or solid, is responsible for this disease.

The typhoid bacillus has been found in almost every part of the body. And its action upon the human system is toxic. The pathological changes in the intestines are, as a rule, insignificant, yet the contrast between these pathological changes and the severity of the general symptoms is striking.

The probable explanation is that the disease is a general, rather than a local infection. I have been in active practice for twenty years and have treated many cases of this disease, and I have my first case yet to see that ever had typhoid fever the second time. I believe that one attack destroys these Peyer's patches, or glands, in the intestines, and you never have typhoid fever but once. I am safe in saying that Prof. H. K. Whitford taught and claimed the same thing. And if this is true then one attack immunizes one from a second attack, because the glands are destroyed.

Symptoms: The symptoms are usually very obscure in children and more prominent in adults. The period of incubation is from three to five days, and might be as late as three weeks, but rare.

The temperature is one of the main indications of typhoid fever; that is, it rises at night and falls in the morning. This "step-ladder type" of temperature in typhoid fever increases every day in its intensity and reaches its maximum by the end of one week, when the temperature, during the second week, with its evening rises and morning falls, slightly loses its intensity, and during the third week gradually returns to normal by lysis, never by crisis. You may find cases when the sudden rise of temperature extends over a period of six weeks, instead of three weeks. But when you do you will also find that some complication prolonged your case over the usual time of three weeks. And when the temperature has ranged between 103-4 or 5 and the temperature suddenly drops to normal or subnormal, we can suspect an internal hemorrhage, or look for a perforation of the bowel. A very sudden rise or fall of the temperature must always be looked upon with suspicion, for there is never the crisis in typhoid fever as there is in pneumonia.

The pulse might be full and bounding, or it may be fast and feeble. I have found both kinds, and the tongue may be broad, thick and covered with a dirty, thick, pasty coat from base to tip, or the tongue may be more natural in shape and clean of any coat, resembling what they call "The spoiled beef tongue." I have seen both kinds, and for this reason I consider the pulse and tongue of no importance in making a diagnosis of typhoid fever.

The abdomen is usually distended with gas and on palpation over the

ileo-cecal region, we will always find soreness, and along about the tenth day an eruption, or rose-colored spots will be appearing here and there over the abdomen, which is always typical of typhoid fever. And I will say here that when I do not find these typical rose-colored spots appearing over the abdomen along about the tenth day I have some other disease to contend with and not typhoid fever.

Differential diagnosis will be made with malarial and paratyphoid fever. In these two fevers we find no soreness on palpation in the ileo-cecal region, and no rose-colored spots appear over the abdomen. While the temperature resembles that of typhoid fever, yet it is of different duration. The duration of the fever in paratyphoid is fourteen days and the duration of malarial fever may be seven, fourteen or twenty-one days, whereas in typhoid fever the duration is never less than twenty-one days.

And now, with the step-ladder type temperature steadily increasing in its intensity and the soreness found on palpation in the ileo-cecal region, and the appearance of the rose-colored spots about the tenth day over the abdomen, will be sufficient symptoms to warrant making a diagnosis of typhoid fever. But, in case of doubt, and to be sure of our diagnosis, one can resort to the Widal reaction.

Prognosis guarded is always the rule for fear of complications, and some of these are aphasia. And, by the way, I have had two cases with this complication, a little girl twelve years old and a little girl seven years old. The little girl seven years old is the first and only case of typhoid fever that I have lost so far during the twenty years that I have practiced medicine.

Otitis media is more often met with in children than adults. Less frequent complications are gangrenous inflammation of the mouth and genitals, pericarditis, endocarditis, peritonitis, furuncles and abscesses. Anyway, all complications should be regarded as a serious matter.

Treatment: In regard to treatment, the first thing I try to accomplish is to get my patients to set their minds at ease and not worry, and if no complications arise, we will get along nicely and have no trouble and get through in about twenty-one days. I always try to make my patients better and boost them up in a good frame of mind, not only on my first visit, but at each succeeding visit, through suggestions; and I never allow myself, as some physicians do, to impress upon the patient's mind that they are a very, very sick person, and that they have typhoid fever in the most virulent form. But, right to the contrary, that they have typhoid fever, but that it is in a mild form, and will not have any trouble and will make a nice recovery in the usual time. And also impress on the family that we will have no trouble if they do not hurt my case. And the only way they can hurt the case is through feeding, and then they will be sure to be careful and not give anything only what is ordered. In this way I get them interested and they work better with me in the management of my case.

Now, in regard to medicine, I select my drugs according to specific indications. I find most indications for aconite, veratrum, asclepias, baptisia,

echinacea, dioscorea, sulphite soda, sulphurous acid, dilute hydrochloric acid, salol, turpentine and castor oil.

During the first week I allow no food and along with medicine specifically indicated I clean out the intestinal tract with castor oil. In the second week I allow my patient to have one-half to one ounce of fresh, sweet milk every three hours, either hot or cold, as patient desires. I remember one case in particular that partook of no food whatever until after the fourteenth day, and I was able to stop giving her medicine by the twenty-first day, when she gradually returned to normal health, without any relapse. I find in every case the least food my patient partakes of the better they get along.

I have my patient bathed each morning, followed by an alcohol rub, along with a change of clothes of both patient and bed. Also both day and night keep a good ventilation of the room. Also vessels that are used for feces and urine I order kept out of the house, except when needed, and contents placed somewhere so that lime can be applied every day to the same. In this way we aid in the prevention of the spread of the disease.

In regard to prophylactic treatment, I have never used typhoid vaccine, and, if I had used typhoid vaccine in all the families that I have treated for typhoid fever it certainly would be a "booster" for this method of prophylaxis but I never have had but three families to have the second case; thus far, I am no advocate of typhoid vaccine as a preventive of typhoid fever.

My idea in regard to the best method of preventing typhoid fever is keeping our homes and surroundings in proper state that will meet the required rules of good hygiene. Careful attention given to the functions of our own body in regard to assimilation and elimination. See that they are kept at, or as near a normal healthy condition as possible, then we will not be predisposed or susceptible to the invasion of the toxic action of the microorganism known as the bacillus typhosus.

Now, there are many things that could be said upon this subject, but my object was not to teach, but to learn something through discussion of this subject by the different members of the society.

TYPHOID FEVER.

John B. Matthews, M.D., Blue Mound, Ill.

The subject you have assigned to me is that of typhoid fever. I have been treating this fever for thirty-five years, and have had many cases and few deaths. The aspect of the patient in typhoid fever, though heavy and oppressed, differs remarkably from that of the sufferer under typhus, its hue is less dusky or muddy, its expression is less dull and stupid—more anxious and sometimes has the appearance of delirium—in fact, the patient will often get out of bed and wander about the room if the nurse is not watching him closely. The delirium is decidedly more active, and the patient is too depressed to try to get out of bed.

A striking characteristic in typhoid fever and very important is the relation of the treatment to an ulcerated condition of the intestines, which I shall presently describe under the tendency to diarrhea. Often this is an early symptom. Sometimes it is postponed till the latter part of the first or the beginning of the second week. It is either spontaneous or continuous after the operation of the dose of purgative medicines. Frequently the patient has pain in the abdomen. Whenever it occurs the stools are for the most part loose and frequent and very offensive—of a dark color, fetid and yellowish in appearance, somewhat like peasoup.

If you make pressure upon the abdomen you will find it unnaturally hard and resisting as though the walls were made of pasteboard. The abdomen is sometimes very much distended, but whether large or not, its shape is always very much the same and somewhat peculiar; its convexity is from side to side and not from above downward. The patient is never "pot-bellied," but shaped. Frequently uneasiness is felt when pressure is made upon the abdomen, and another symptom not commonly met with in other diseases is usually noticeable in the first stage of this; viz., a slight gurgling movement, evidently from the intermixture of liquid and gas within the bowels, which movement becomes audible to the hand upon pressure of the same region. This symptom is still more common in advanced stages of the disorder. It is a rare occurrence in typhus fever as the disease proceeds, so is the diarrhea, from three to six stools and even more occurring daily. When they take place involuntarily, when they are passed in bed without notice on the part of the patient, they add materially to the danger by the irritation and the sores which are apt to result from their contact with the skin.

There is seldom much pain in the abdomen now complained of by the patient. When in fever such stools persist day after day, and several of them every day, you may safely infer that there is ulceration of the bowels, although there may be no pain complained of. This will cause exhaustion of the patient; or, if it occurs at intervals in smaller amount, wasting his strength as surely, though more slowly. There is frequently hemorrhage of the bowel. The bleeding is probably owing to the division or opening of the veins by the ulcerating process, which I shall more fully describe by and by. This is not, however, a necessary consequence of the ulceration, for the vessels are usually obliterated previous to their erosion. Sometimes blood may thus be poured into the bowel without being voided.

Another distinctive mark between typhoid and typhus fever is the character of their respective eruptions. That of the latter I have already described. It is strikingly in contrast with the eruption of the former. The typhoid eruption is papular or pimpling. It consists of little circular spots of bright rose color, which fade insensibly into the hue of the neighboring skin when pressed upon with the fingers or hand. They are slightly elevated, with round heads, which never become vesicular. From first to last these spots disappear completely under pressure and reappear when pressure is taken away. Each papule lasts about three days, then others follow. Or-

dinarily the number present at one time is from six to twenty; occasionally, there is only one. Sometimes there are more than one hundred. These spots begin to show themselves generally during the second week of the disease and fresh spots come out every day or two until the third week, in the course of which they cease to appear except in cases of relapse, when they also may occur with other symptoms.

I hold that this species of fever is over by the thirtieth day, and yet I have had patients that ran on to the fortieth day, but many have ceased to have fever by the twenty-fifth day. Of course, the illness may continue much longer, protracted by the effects of the fever or by the pre-existing local complications. The spots peculiar to typhoid fever do not remain visible upon the dead body. It may not be superfluous to caution you against mistaking flea bites, which are common in many localities and in nearly all of our hospital patients, for this specific eruption which is peculiar to fever patients. The round red-sting with a dark point for its center sufficiently distinguishes the mark of the insect from the rose-colored spots of the disease. There are certain differences to be sometimes noted in regard to those spots.

Also the tongue in this disease is different to almost all others. The tongue is broad and flat with a dark streak in the center and red tip and edges. It is more often moist throughout the disease than in typhus fever; and, when dry, more frequently red, as if it were glazed. Generally, if brown at all, it is of a yellowish instead of a blackish-brown. The small dry tongue with red tip and edges, smooth, furred and pale, or a brownish-yellow and fissured—the fissures being of a deep red—may be considered differently as a diagnostic sign of typhoid fever.

At this time the pulse becomes small and weak and thread-like. The patient lies on his back and sinks down in the bed. The features sharpen; the eyes are blurred, hollow and dim, as though glazed. The sphincter muscles fail to contract; the extremities grow cold; sweats appear on different parts of the body, and, at length, the heart ceases to beat and the patient to exist. Death occurring in this manner does not, I say, occur early. It happens at an advanced period of the disease. It is noticed sometimes in persons who have been frequently bled; or in persons who have been depleted at the commencement of the fever, and in those who have suffered a good deal from diarrhea; in short, as death in continued fever is the way of coma and is often connected with morbid conditions of the head and chest respectively, so death in fever occurring purely or chiefly by asthenia connects itself with morbid conditions existing within the abdomen.

I now invite your attention to the treatment. I do not use much medicine in typhoid fever, but give them the best nursing obtainable. Give warm baths every three hours when the temperature is above 100° F., sponging them off with alcohol immediately after the bath. Keep the bowels open with podophyllin or castor oil, and look well after the kidneys. I usually give them aconite, drops 10; of avena sativa, drops 10; apis, drops 10; aqua pura q.s., ounces 4; Sig., one drachm every hour when the temperature

is above 100° F. When the pulse is low or weak, give strychnia, digitalis, or cactus. Remove the furniture from the room; remove all carpets and pictures. Have but one chair and a small table besides the bed the patient is on. You only need such things as the nurse must have, and for the doctor when he arrives. Have the patient drink all the pure water he will take, thereby flushing the kidneys. Give the patient pure cold water—not ice water. If there should be much delirium, exceedingly high fever, place an ice bag to the head, but do not, under any circumstances, use ice water baths.

As to food, give from 4 to 6 ounces of cold milk—not removing the cream, every two hours. Give orangeade, also lemonade, when the bowels are not running off. Absolutely no company allowed. Have all discharges from the bowels and kidneys buried after treating them with lime and carbolic acid. Have the patient rubbed with alcohol thoroughly after each bath.

For several years I have given no whiskey at all. Allow the patient to chew small pieces of ice, but do not allow him to drink ice water. Once a day allow the patient chewing gum, not for its curative effects, but it helps to make the patient digest the food. Instruct the nurse to read to the patient the daily papers and some suitable book—a good story. Also tell the patient a good story. A good story well told is better ofttimes than medicine.

At the beginning of convalescence the food should be very mild. No meats or solid food for ten days. The bathing at this stage may be kept up three times a day, rubbing with the alcohol afterwards for cleanliness.

NERVOUS AND MENTAL DISTURBANCES OF ADOLESCENCE AND THE MENOPAUSE.

F. E. Hufnail, M.D., Minneapolis, Minn.

The time-worn subject of nervous and mental diseases has been written and rewritten since the history of man first began. If reports be true Eve must have had some nervous worry regarding Adam's raiment, else man, all through the ages, would have paraded through life with few garments other than those provided by nature.

The term disease is understood to mean a departure from given standards of health. In speaking of nervous diseases we are more properly speaking of phenomena. The departure from the normal causing the nerve phenomenon may rest in metabolism. Metabolism is wholly dependent upon the tissues of the animal economy. In this particular the tissue most frequently at fault is that of the fluid tissue of the body. Eliminating mechanical causes, which include all forms of infection, external and internal stimuli, we can confine ourselves to the above tissue cause, namely, fluid tissue; *i. e.*, the blood stream.

I choose to discuss nervous disease or phenomena from the observer's point of chronic states. That is, the various causes entering into the complaint of those suffering from such irregularities are of long standing, and

the exciting cause, or the first cause, having long since passed away, leaving impressions upon certain brain areas, which, at times, are augmented by some one or a group of the special senses; more frequently the efferent nervous system through the central ganglia and through the sympathetic system. A nerve impulse through the afferent system may be long delayed, not reaching the central nerve ganglia or the spinal axis for some time following the exciting cause. The inhibition having taken place in transit somewhere between the periphery and the central nerve system, or the impulse having been registered upon the impressional areas of the brain, the efferent impulse has been retarded in its exit, which causes a confusion as to the location and the sensation of which the patient feels he suffers, yet he cannot locate it. Again, being a reflex, he locates his disorder in one extremity of his body, while the true, the primary cause, is at the opposite extremity. Such cases are apt to be classed as hysterias and hypochondrias, and, having been unsuccessful in obtaining relief from the various physicians, diagnoses his own case as this or that disease, and informs you that he is *not* suffering from imagination as *all* the doctors claim. A noted type fast gaining popularity are known as paranoiacs.

The two classes to which I wish to call your attention are manifest at the beginning of adolescence and at the close of the menopause. I think it may safely be said that this is true of both sexes. The common form of the first class, that is, the beginning of adoloscence, is the spinal reflexes causing congestive headaches, irregularity of vision, rhinitis, and adenothyroid conditions, which are increasing at an alarming rate. True of both sexes, predominating, of course, in the female.

The second reflex, I think, can safely be classified as intestinal stasis, naturally resulting in autotoxemia, from which almost any of the vast number of organic diseases may readily develop, such as diabetes, neuritis, pulmonary tuberculosis, and especially eruptive erythemas of a persistent and disagreeable variety. It is not infrequently found that a patient suffering from this nerve phenomenon of incipient adolescence is afflicted with acne indurata, pustulata and papulata, in one grand effloresceng mass covering the face, forehead and upper dorsal surface, and not infrequently the upper part of the chest. Naturally, these patients are suffering from mental worry and hypochondria. It is needless to say that this is a combination of mental and physical nerve in harmony, resulting from disturbed functional sympathetic system directly arresting the fluid tissue and impregnating it with the effete materials of catabolism.

The closing of the period of adolescence, that is, the period of menopause, is the ushering into the life of a patient a train of nervous and complex symptoms quite the opposite of those just described. The patient is pale, exhausted, suffering from alternate chills and fever, hemicrania and marked despondency with a tendency towards suicide, and is a typical case of another form of paranoia known as "morons," in which marked depression and exhaustion are usually the chief characteristics.

The physiology, etiology and pathology are matters familiar to every

physician and need no discussion. The question that confronts us is how best to relieve the distressing symptoms and cure the patient. In the first case a thorough urinalysis, examination of the eyes, nose and throat, and let me especially impress you with the careful examination of the turbinate bodies, as well as the probable development of the uterus itself, or the testes. Usually all of the above will be found to be more or less involved. Mechanical treatment is applicable in these cases, to which the patients respond very quickly. Light and electricity, manipulation over the large nerve plexus, as well as manipulation of the spinal column, together with treatment of the nose and throat, combined with free elimination of the emunctories, naturally permits a non-interrupted circulation resulting in a normal development of the uterus and its adnexa. To this may be added the proper indicated remedy.

In the second variety of cases my treatment may seem to you to be rather radical. However, as I progress, I am more firmly impressed that it is a most proper procedure. The same precautions in examination are taken as in primary cases with this difference. A thorough physical examination of the uterus can be readily made and malposition, together with engorgement, enlargement and hypoplasia ascertained. The same course of treatment is applied as in the former cases, except there is no need for any treatment of skin disturbances, or at least rarely. Should relief not be prompt and restoration to the normal quickly acquired, then I institute radical treatment. That is, I promptly do a hysterectomy, being careful to preserve all normal ovarian tissue. In ten or twelve days' time the patient will begin a prompt and uninterrupted road to recovery that is permanent and highly satisfactory.

With the male sex, thorough attention at that period of life must be given to the prostate gland, which can be most successfully and usually satisfactorily treated under the system of proper massage by mechanical appliances. Recovery in their case is much more rapid, though not so complete as in the female sex. It is frequently a necessity to remove the prostate, which is usually done by the suprapubic route.

THE CHILD AND THE UPPER ORIFICES.

George C. Porter, M.D., Linton, Ind.

That the condition of the upper orifices bear a close relation to the general and particular health of the child, there can be no doubt.

Tension, pressure or irritation wherever it exists, disturbs the function of the nerve trunks or fibers, and thus becomes a source of unnatural waste or leakage to the nerve forces of the body, and must necessarily detract from the sum total of nerve energy of the body, weakening its resistive power, retarding or restricting its upbuilding powers and thus limiting its proper growth and development, both mentally and physically.

Any deviation from the normal by the way of growths or enlargements or stuffy pockets for the collection of waste materials, retarding their rapid

elimination and making possible their partial absorption, are sources of contamination to the blood and lymph streams, and therefore should be regarded as enemies to the health of the child, and must receive consideration from the hands of the physician, for the ultimate welfare of the child.

Among the earliest and most important upper orificial abnormalities will be found the enlargement of Lushka's tonsil, or adenoids, which sometimes are congenital or occur very early in life, interfering with normal respiration, and making the child all stuffed up and with the "snuffles" (as we sometimes say). This condition in infants occurs often and has been regarded as an indication of hereditary syphilis, which it may sometimes be. However, I am convinced it is usually from this glandular enlargement, preventing free drainage to the posterior nasal cavity, and obstructing normal nasal respiration.

Luschka's tonsil is situated at the posterior wall of the pharyngeal vault and is normally present in children. It usually atrophies between the ages of twelve and twenty years; however, when abnormal, this may not occur. An early recognition of this enlargement is usually easy and very important, as the normal development of the nasal structures depends upon normal respiration. Mouth breathing is one of the prominent symptoms, and is very dangerous to the health of the child, as tuberculosis is most readily contracted in this class of children. The "inherited tendency" to adenoids is the family nose with its narrow openings and narrow nasal cavities.

The tonsils, or faucial tonsils, are practically lymphatic glands, situated on either side of the throat, between the pillars of the fauces. They contain follicles and crypts, and are very subject to inflammation and enlargements. They stand right at the portal of the lymph and blood streams and are often sources of systemic infection, doubtless being very suspiciously allied with some forms of rheumatic affections.

Hypertrophy of the tonsil frequently occurs, perhaps more frequently from hereditary taints, and is often associated with adenoids. Normal respiration is much interfered with, thereby encouraging mouth breathing, palatal speech, and snoring respiration. These children are subject to laryngeal and pharyngeal inflammations, leading to eustachian inflammation and obstruction, and finally to middle and internal ear diseases, with their earache, abscesses, catarrhal and complete deafness.

Nasal polypi are growths usually formed on the lower portion of the middle turbinated mucous membrane, and are the result of simple inflammations, and are found mostly in those with a narrow or tortuous nasal cavity. They occur mostly between the ages of fifteen and thirty years, and are only mentioned in this connection for completeness. They, however, form a conspicuous portion of the upper orificial abnormalities, obstructing nasal breathing, giving the voice a nasal twang, giving rise to foul breath and excessive mucous discharges from the nose. They are often the source of frontal headaches, because they obstruct free drainage of the frontal sinuses and upper turbinated space. Much improvement to the general health will many times follow their removal.

Dentition and the condition and care of the teeth after their arrival has much to do with the general and particular health of the child. In the cutting of the teeth is seen the wonderful effects of pressure on the nerve trunks and terminals. How the bowel action and digestion are disturbed, how the nervous system at large is irritated and disturbed, manifested by the fretful child, sleepless and feverish oftentimes. An obstinate diarrhea and refractory digestion are oftentimes cured by the passing through the gum of some tooth that has been pent up and making pressure in the gum for some time. No one thing will influence the general health, and especially as regards digestion and general well being like a clean, sound straight tooth. I believe that we should lay more stress and try to educate those patients of ours more to the care of their teeth and mouth sanitation. In selecting this subject and calling attention to these abnormalities of the upper orifices, I have not gone into the philosophy governing such conditions of life, neither have I exhausted the subject matter. Only trying to call attention to the importance of these abnormalities and the relation they bear to the health of the child, both mentally and physically.

Dentition is a physiological function, true, but it demonstrates orificial irritation quite well, because it always carries with it a certain amount of pressure and nerve irritation, which, in turn, are manifested through very evident pathological symptoms in most every case of dentition.

I believe that a fair per cent. of all children presenting to the physician will be found to have some of the upper orificial abnormalities, in which many local or constitutional diseases will be found to take lodgment, and that the physician cannot successfully attend their ailments and ignore disease elements, but should faithfully seek to remove all possible abnormalities of these parts, and in so doing will serve the future men and women in a befitting way.

THERAPY OF NASAL CATARRH.

N. M. Dewees, M.D., Cambridge, O.

Inflammation of the nasal mucous membrane may be acute, subacute, or chronic. Concerning the treatment of which little space will suffice to describe, as the simple yet direct methods have proven to be the most satisfactory and it is taken for granted that only the personal experience of the writer is desired.

In acute form, as is usually given in colds, when the skin is hot, but in clined to moisture, specific medicine asclepias drachms one-half to drachms 2, water 4 ounces, a teaspoonful every hour. If the skin is hot and dry, mouth and throat dry, pulse full and strong, specific medicine jaborandi ten drops to one drachm, water 4 ounces, a teaspoonful every hour. If the face is flushed, the patient complains of throbbing headache, give specific medicine gelsemium drops 10 to drops 30, water 4 ounces, a teaspoonful every hour. Where the patient is irritable, starts at noises, the papilla of the tongue prominent, specific medicine rhus 5 to 10 drops, water 4 ounces,

a teaspoonful every hour. If there is frontal headache with sharp pain, extending to the occiput, specific medicine bryonia drops 5 to drops 10, in water 4 ounces, a teaspoonful every hour. If there is abundant watery discharge from the nose give specific euphorbia one-half to two drachms, water 4 ounces, a teaspoonful every hour, or this may be added to either of the above prescriptions.

In the treatment of the subacute and chronic form little distinction need be made. Local treatment is given when indicated only. When dry crusts or scales form, the nose feels stuffed up, a solution of sodium chloride, one teaspoonful in one pint of warm water; this is snuffed up the nose from the hand, one nostril being closed at the time. This may be repeated once or twice a day, as the condition exists. When there is a bad odor the following solution is given in place of the above and used in the same manner, a saturated solution of potassium chlorate in cold water. This is warmed and used as directed. In the last named forms the constitutional treatment is of the most importance. This consists of specific medicine penthorum drachms 4, to simple syrup, 8 ounces, with a drop of peppermint, a teaspoonful before meals and at bed time. In cases where the nasal mucous membrane is engorged or congested with blood, bleeds easily, add to this prescription specific medicine mangifera drachms 2 to drachms 4. To increase the appetite when this is desired specific medicine berberis 2 or 3 drachms may be added.

This may not seem like scientific treatment, but it has given myself and patients entire satisfaction for more than twenty years.

VARICELLA OR CHICKENPOX.

Janet D. Quinn, M.D., Los Angeles, Cal.

The lightest of the exanthemata and the most trivial of childhood diseases. This disease was known and described very thoroughly by an English physician, Dr. William Heberde, in the latter part of the seventeenth century.

Chickenpox, an infectious, acute and transient affection, runs a definite course, and with very few, if any exceptions, occurs but once to the same person. It is essentially a disease of little children. It travels in epidemics, often widespread, regardless of race, climate, season and everything but age. The incubation period may be a very short time after exposure or may be from seven to ten days.

Symptoms.—At the close of the incubation the active period of disease is ushered in with chilliness, aching of the head, limbs, and some nausea. With these symptoms there is usually some fever from 99° to 102° F., and sometimes the first thing noticed is the eruption, the child not complaining of anything unusual. I have had a severe case that was ushered in with a convulsion, and, as soon as the eruption appeared, the disease progressed the same as in an ordinary case.

The eruption, as it first appears, is irregularly scattered over the body, and consists of small rose red papules, which very quickly develop into vesicles. This change is effected so quickly that very often the papular stage is over and the vesicular stage is well under way before the eruption is discovered. The vesicles are not usually very large or numerous. They scatter over the trunk, limbs and scalp. They are sometimes found at the edge of the forehead and hair. The face will be quite free, and if searched for the vesicles may be found in the mucous membrane of the mouth and fauces. In these parts they rupture quickly and leave small ulcers. The tegumentary covering of the vesicles is very thin, being composed of the outer layers of the skin. It contains an alkaline serum of crystal transparency and the German of Wasserpocken describes it very correctly. The rash of chickenpox suggests the appearance of blisters from scalding water.

A distinguishing feature of chickenpox is that the eruption comes out in successive crops. As soon as the first vesicles have arrived at their full size others are just beginning. They never become pustular like smallpox, unless from scratching or other irritation. They are never umbilicated like smallpox and when drying up the fluid in the vesicles becomes opalescent, thick and dries down into a thin yellowish crust. This soon falls off leaving a temporary redness of the skin. Sometimes it leaves a permanent cicatrix. Diagnosis usually is very easy.

Chief Points of Varicella.—Disease of infants and young children; invasion short; eruption, vesicular from beginning, never shotty; vesicles discrete; eruption, little on hands, face and feet; no pustular stage.

Chief Points of Variola.—All ages affected; invasion three to ten days; symptoms severe; eruption, papular stage is prolonged; eruption, hard, shotty, umbilicated; eruption, most on hands, face and feet; pustular stage never absent; prevented by previous attack of smallpox or vaccination.

Prognosis.—Always favorable. No complications to guard against. Requires very little medication or care as to diet. For the itching use almond or olive oil after a warm bath.

DISEASE OF THE ANTRUM.

G. W. Harvey, M.D., Bigpine, Cal.

For many years I suffered with disease of the antrum brought on by exposure to the elements, while trapping in 25° below zero weather. I was only seventeen then, and it was several years after I graduated in medicine before I found the remedy that cured me. Since then I have made many people happy by performing the same miracle, with the same medicine, and always without any operation. Two years ago I was consulted by a lady suffering with what the doctors had called neuralgia. The pain was located just above the eyes at the root of the nose, and whenever she had a cold it was necessary to resort to morphine in order to get any relief at all. It did not take me long to discover that it was a disease of the frontal sinuses, the

lining membrane of which is similar to that of the antrum, and like it connected by an opening with the nostrils, so I knew that I could cure it. I told her that she did not have any neuralgia, and explained to her the nature of the trouble. She was but little interested in my explanation of the trouble, but wanted to know at once if I could cure her. She took but a single bottle of the medicine and has remained well from that time to this, and always will so far as that trouble is concerned.

The next time that you meet with a case of this kind don't go to extracting teeth and drilling holes into the antrum, neither send him to the specialist to be served in like manner, but put him at once on calc. phos. 3 x, two grains every three or four hours. If pus has formed, alternate with silicea 3 x, a dose of each every four hours. If you suspect that the periosteum has become involved give calc. fluor. 3 x, with the calc. phos., and you will surely cure your cases without resorting to an operation, or the specialist either. You get all the glory and save the patient much time and money.

THERAPEUTICS OF ERUPTIVE DISEASES.

S. W. Moreland, M.D., Jonesboro, Ark.

These are general diseases with a special manifestation on the skin. Certain complications that are likely to arise are often more troublesome than the original disease.

Respiratory troubles in measles; throat, ear and kidney troubles in scarlatina, are some of the more common complications. To prevent these should ever be kept in view. Kerley says: "In measles one danger signal is up constantly throughout the attack, and it always reads pneumonia." If the proper care is taken these complications can usually be avoided.

The deaths that usually occur in connection with the eruptive diseases are due to complications. It is believed that the treatment herein outlined will have very much to do toward preventing complications. If not, then the treatment is a failure; for let it be here emphasized that it is the complications that kill.

The remedies to be studied in connection with eruptive diseases comprise the following "specific medicines," aconite, veratrum, belladonna, gelsemium, phytolacca, rhus tox., bryonia, asclepias and macrotys.

It is unnecessary to describe the specific actions of these remedies to an Eclectic. The fever that is always present calls for the indicated sedative in small doses, frequently repeated. Let emphasis be placed on the small dose frequently repeated, rather than the large dose at long intervals. The small, frequently repeated dose acts more kindly and effectively.

Conditions of the nervous system, if abnormal, call for gelsemium, belladonna and rhus tox. Not all in the same case, but as indicated. If the eyes are bright, pupils contracted, patient restless and cannot sleep, specific gelsemium with the indicated sedative will bring speedy relief. Or, if the patient is dull, stupid, pupils dilated, eruption slow in coming to the surface,

specific belladonna with the indicated sedative will bring speedy and beneficial results. Let attention be directed to the pernicious practice of giving these last two remedies together. The condition calling for the one always contraindicates the other.

Phytolacca is used for its specific action upon the throat and glands; there is nothing better. Rhus tox is used in those cases where there is some excitement of the nervous system. Some of the symptoms resemble those where gelsemium is used. In addition, the tongue is pointed with raised papilla, the patient rouses up and seems frightened.

Specific bryonia is used for its action on the respiratory organs; there is pain and soreness in the chest, worse on moving. Here, if bryonia is used in connection with the indicated sedative, benefit is sure to result. If the skin is inclined to be moist, specific asclepias will act better than the bryonia.

One remedy not appearing in the list above must not be forgotten; reference is made to specific lobelia. This may be used for its kindly action in small doses, or its more powerful action in larger doses. Take the case where the eruption is slow in coming to the surface, the patient dull, the stomach full, the tongue broad and coated. Give from one to five drops of the specific medicine every twenty minutes till the patient feels nauseated, then twenty to thirty drops in some warm water. This will thoroughly empty the stomach and rouse the nervous system as no other remedy known to the writer will do. The hypodermic use of the remedy may also be used in these cases.

Specific macrotys will be useful in those cases where there is muscular soreness; or in the case of females where there is backache and heaviness about the pelvis.

No claim is made that the list of remedies is an exhausted one. Your favorite remedy may have been omitted. An effort has been made to mention the more common and most useful remedies. No mention has been made of purgatives. The writer does not use purgatives as a routine treatment. If there is evidence of waste in the intestinal tract, a saline laxative will be beneficial. The writer usually uses, in adults, a teaspoonful of sulphate of magnesia well diluted, and repeat every four hours, till there is a free action from the bowels.

Now, a few words as to treatment other than medicinal. A sponge bath to the entire surface of the body with warm water will prove beneficial. In some cases the water should be quite hot. A little sodium bicarbonate added to the water will increase its usefulness. Special care should be taken to keep the mouth and throat clean. Also the nose, if crusts form therein. The limits of the paper forbid going into the subject exhaustively. The aim has been to make the paper suggestive for discussion. The subject is an important one, and there should be some good thoughts brought out in the discussion. A remedy is not given because there is an eruptive disease, but it is given because there is a specific condition that the remedy will relieve. This is specific medication.

GONORRHEAL ENDOMETRITIS.

V. E. Duran, M.D., Hot Springs, Ark.

A specific inflammation of the corporeal endometrium caused by the gonococcus of Neisser. Gonorrheal endometritis always begins in the cervix, either primarily or secondary. Primary infection is more frequent than the secondary, and is caused by the penis coming in direct contact with the external os uteri. The affection, at times, may be secondary to a gonorrheal inflammation in some other part of the genital tract, and as the vagina is the least likely to specific infection, owing to the resistant power of its epithelium against the invasion of pathogenic micro-organism, it follows, naturally, that the cervical canal may frequently escape when the urethra and the vulva are primarily involved. The vagina may be primarily or secondarily involved, and, if it escapes, the infection may be carried from the external organs to the os uteri, either by the penis or the fingers of the patient. Occasionally latent gonorrhea in the male causes specific endometritis years after the original attack. Post-puerperal infection and not gonorrhea is frequently the cause of pelvic lesions. It is also frequently impossible in chronic tubal diseases to determine the nature of the infection, as gonorrheal endometritis is usually subacute in character from the beginning, and often attacks a woman, and apparently passes away without the patient being aware of any local trouble. In many cases of gonorrheal salpingitis the gonococci are not found when the contents of the tube are examined.

The disease may be acute or chronic. As a rule, it is subacute or chronic from the beginning, but in exceptional cases it starts acutely with well-marked local and general symptoms. As the disease results from the extension of an inflammation in the intracervical mucosa, the symptoms of acute or chronic endocervicitis are always associated with it. Often in chronic forms the onset is so insidious that the patient is not aware of its presence, and the symptoms are identical with those of the simple forms (congestive and constitutional), except that infection eventually extends to the oviducts. In the acute form the disease begins usually with a chill, elevation of temperature and rapid pulse. She complains of pelvic pain, nausea and vomiting, diarrhea and rectal or vesical tenesmus, and, in a few hours, a mucous discharge appears, which rapidly becomes purulent and occasionally is mixed with blood. The elevation of temperature and the chill are usually not severe, but may be repeated several times. If the disease extends to the oviducts acute salpingitis and local peritonitis intervene; otherwise, the acute manifestations gradually become less pronounced, and, in a few days, the disease passes into the subacute or chronic stage. By carefully noting the history, the symptoms and the physical signs, together with the microscopical findings the diagnosis should be easily made. A woman may possibly admit having a suspicious intercourse which was followed by mucopurulent discharge from the vagina, or by an increase in the amount or change in character of a leukorrhea that had previously existed. Unfortu-

nately the onset of the disease is generally so insidious that little or nothing can be elicited from the patient pointing to the nature of the disease.

In the subacute or chronic form the symptoms are of no importance, being the same as in the simpler forms, unless the infection has extended to the oviducts and the signs of salpingitis and pelvic peritonitis are present. Under these conditions we may suspect gonorrhea in a woman who has not borne children, and who has no history of septic infection.

In the acute form the local and general symptoms are sudden in their onset and well marked, and, unless some cause for septic infection is discovered, it is safe to assume the existence of gonorrheal infection. It is important that the patient present herself for examination after having gone twenty-four hours without a vaginal douche and with the bladder well distended, otherwise the discharge from these parts will have been removed and a subsequent visit made necessary. In the acute form the uterus is enlarged, softened, and very tender to the touch. The cervix is swollen and its canal is patulous and erosion is present on the external os. If the oviducts are affected, palpation will elicit pain and possibly reveal the enlargement. In the chronic form the only appreciable changes occur when the endometrium is greatly hypertrophied, or when fungoid or polypoid outgrowths are present. When these exist the uterus is rounder than normal, the cervical and corporeal parenchyma is softened and the cervical canal more or less dilated. Carefully palpate all the pelvic organs in search of tubal extension of the disease. Tubal involvement points to gonorrhea as the cause of endometritis only in those cases in which it occurs in women who have not borne children and who have no history of septic infection.

There is nothing absolutely characteristic in the appearance of the discharge that will enable us to distinguish it from a leukorrhea due to other causes. The coexistence of inflammation in other parts of the genito-urinary tract that are seldom involved, except in specific infection, strongly indicate gonorrheal origin. The presence of signs of inflammation in the urethra, Skene's glands or urethral ducts, is strong presumptive evidence of gonorrhea. In the chronic form the cervix is usually normal in appearance and mucous or mucopurulent discharge is seen escaping from the os. In the acute the cervix is swollen, congested and surrounded by erosion, and the discharge is copious and purulent. The gonococci may disappear from the discharges and remain indefinitely in the tissues of the endometrium, or they may vanish and thus remove all positive evidence of the disease. We should remember that the gonococci become more active and numerous just before, during and immediately after menstruation. For this reason the discharge should be examined immediately following the period.

The gonorrheal origin of the disease may be suspected from the history of the case and from the coexistence of chronic inflammation in other parts of the genitourinary tract. The presence of tubal disease excludes in all probability the congestive variety, but not the septic, and, if gonococci are found, all doubt is removed. The absence of gonococci is of little importance from a diagnostic point of view.

In the congestive the onset is nearly always insidious and a history of septic or specific infection is wanting. The uterine appendages, as a rule, show no signs of disease, and there are no coexisting foci of inflammation in other parts of the genitourinary tract, and the physical examination generally reveals a cause for the congestion.

The septic variety has a history of post-puerperal infection or of inflammation following intrauterine treatment or operation. Tubal disease is frequently present; but there is no involvement of the glands of Skene, or the vulvovaginal glands, or of the urethra. The disease is dangerous to life and health because it frequently involves the oviducts and the peritoneum. While not usually fatal the disease may cause death in a short while, or it may cause tubal lesions that will necessitate the removal of the uterine appendages.

Gonorrheal endometritis is one of the most frequent causes of sterility, resulting often from a latent gonorrhea in the husband which attacks the wife so gradually that the only symptoms are sterility and scant leukorrhea. The uterine parenchyma is never the seat of abscesses or sloughing in this variety of endometritis. Grave pelvic complication can only be prevented by prompt and effective treatment, dilatation and curettement of the cervical canal and the uterine cavity, followed by a thorough swabbing out with carbolic acid or iodine on cotton.

Curettement must be performed at once if the endometrium becomes infected during the course of an acute attack of gonorrhea. The same rule holds in the subacute or chronic cases. When the oviducts are involved the treatment is modified or altered to meet existing complications. If the character of the tubal lesions necessitates the removal of the uterine appendages, the uterus should be curetted immediately before performing the abdominal section, unless the mobility of the pelvic organs is so restricted by adhesions that the operation cannot be done, in which case the curettement should be postponed until after the patient recovers from the graver operation. Curettement should be performed in the intermenstrual period. After the uterus is curetted and its cavity flushed with a solution of corrosive sublimate, it is then thoroughly swabbed with pure carbolic acid to completely destroy the micro-organisms and prevent reinfection. The patient should remain in bed for at least one week after the operation. Sometimes the operation is followed by a recurrence of the disease, and it will be necessary to curette again. When this happens, the curette findings and the discharge should again be examined under the microscope.

The National Eclectic Medical Association QUARTERLY

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THE NATIONAL.

The National Meeting is with us again, and we shall meet at Nashville as per schedule. Let me ask, have you done your duty to your State and National societies? Have you done your best? Have you remembered the Council on Medical Education and sent in your mite? If not, why not?

Let us resolve to send in all reports, all cash received, and, if you can not attend the State and National, send us a word of greeting and encouragement and tell us if we can count on you for the coming year.

Let us not be medical slackers, but let us be ready to serve in the front ranks, if we are called, and surely we as Eclectics are all called to the colors now as never before.

Come to the National. We are expecting *you*.

W. E. DANIELS, *Pres.*

THE NATIONAL.

The present issue contains the program for the meeting soon to be held in Nashville. It, of course, will be subject to some modification as occasion requires. The committee on arrangements have made every effort to make our stay pleasant, and we sincerely hope we will have a good attendance. We fully realize the condition of the country is rather unfavorable for gatherings of this description. Our thoughts are of a necessity turned in another channel; in fact, our country's needs are on our minds and hearts. Though this be the case, we should congregate at least once a year for the purpose of preparing ourselves for the coming year. Preparedness seems to be the theme of general topic. Preparedness is the watch-word in every walk of life, not excluding the medical profession. Let us all then arrange

to meet each other in Nashville, June 19-22, so that we may be better prepared for our chosen work.

Nashville is surrounded with many places of marked historic interest. The committee of arrangements have made preparations for a visit to some of them, among them the Hermitage, the home of Jackson. Other attractions are promised, and, above all, we are promised a hearty, genuine Southern welcome. M.

MEDICAL LEGISLATION.

The past winter has witnessed the annual flood of medical legislation. This continual grist of legislation is becoming a bore and occasion for jest among the laity. The secular press frequently refers to it in a sarcastic vein, and the punster finds it a fruitful source of inspiration. It seems it is time a halt should be called, or rather it might be more properly said, is there no end to it?

Each state has furnished its quota. Some are for the purpose of regulating the profession. They purpose making us saints and dictating our daily lives by legislative enactments. Other professions are not so regulated, neither do they seek to have their lives regulated. It seems a farce, were it not so tragical. It is bringing a learned profession into disrepute. Instead of adding to its dignity and repute, it is actually belittling it in the eyes of the people. No amount of legislation for the purpose of regulating a man's probity will ever achieve its object. In several states laws for exempting the various drugless schools, as well as the Christian Science healers, from the provisions of the medical practice acts were introduced and in some instances enacted. All such laws appear to the writer as virtually emasculating the above laws. There seems no just reason why all men aiming to practice medicine should not be amenable to the same conditions. The same preparation should be demanded of all. No state has a right to demand one degree of preparation from A and a less amount from B. It is positively wrong from every viewpoint, and dangerous.

The workmen's compensation acts have been strengthened and compulsory insurance acts introduced in many states and committees appointed to study their features and report at coming sessions of the legislature.

In some states the several examining and health boards have been combined and bureaus appointed, thus consolidating efforts with an aim toward efficiency and standardization.

In our national Congress, Senator Owen has again introduced a bill for the establishment of a National Health Department with a Cabinet officer as the head. This is only a move on the part of our political doctors and healers to get possession of a branch of our public service that has been singularly free from the taint of politics and is doing efficient service. If any changes are made, the scope of the Public Health Service should be enlarged and kept from the taint and dangerous influence of party politics. Our army and navy medical corps and Public Health Service should be left alone and not placed

under the control of politicians, which most assuredly they will be if Senator Owen's bill becomes a law. We know some will claim it will not be so, but every one knows that every department of government, state or national, when controlled by a head subject to removal by the success of a political party, has its efficiency retarded by reason thereof. Appointments are made to repay political obligations, not by reason of fitness, and we firmly believe such will be the fate of our medical departments when the heads of such are dependent for their position on the success of a party at the polls. M.

MEDICAL EDUCATION.

The Congress of the Council of Medical Education, Confederation of Medical Boards for Licensure, Committee on Public Health, and Association of American Medical Colleges, was held in Chicago, February 5 and 6. We attended, and felt repaid for the time and effort put forth.

It seems certain from the discussions that the maximum time in which to prepare one for the medical profession has finally been reached, namely, the eight years grade school, four years high school, two years premedical, four years medical and one year interne. Whilst this is the maximum or limit, the contention was general that the time is too long, and that a shortening process must be evolved from this of at least two years.

The fault lies with the Medical Council of the American Medical Association. It has developed this scheme, based solely upon time, not attainments, and has by its powerful influences caused this time element to be enacted into laws in the majority of the states. Had practical educators been consulted in the formative stages of the present standards, the difficulties now confronting the medical profession would not exist. Credits or units should have been the basis, not years. The mistake was made of measuring all applicants upon one basis only, the time expended in the pursuit of an education rather than adaptability or proficiency.

In view of the papers and discussions before the Council on Medical Education on February 5, the writer refers with some slight degree of pride to his second report to our Association, found on pages 10 and 11 of Volume 1 of the QUARTERLY.

"The time limit, it appears to me, is erroneous. It would be more appropriate to base the entrance qualifications on the credit or unit system as is now in vogue in most of our literary colleges. The attempts to Germanize or Anglicize our institutions of learning is, to say the least, disgusting.

"There is nothing in common in our systems. No country has anything to compare with our public school system, and to harmonize our institutions with either England or Germany would require rearrangement of the entire educational system. The truth of the matter is, there should be a harmonizing of our high school and college curriculums as well as our medical."

The position taken by our council in 1909 was amply justified by discussions in Chicago, February 5, 1917. The quotation above as to the schools

of Germany and England was explained more fully and verified my position. The school systems are radically different and the medical profession of the United States finds itself, not lower, but in advance of any country, especially so as to time expended in school, by two years, and the question now agitating their mind is, How retrench?

The claim has been set forth by the Council of Education of the A. M. A., and of some university professors, that the first year chemistry, physics and biology could not be taught in a high school. In my annual reports and editorials I have attempted to show the fallacy of these claims and protested that it could be, and that much of the work was but a repetition and consequently lost time. The discussions at Chicago verified the position taken by me as early as 1909, and frequently reiterated. Two of the essayists distinctly stated that one or two years could be saved in the elementary school and that every college in its first and second years was doing work that should be done in the secondary schools and could be as well done there. It is a satisfaction, even though it is late, to know that the position assumed by the secretaries of the Homeopathic and Eclectic Councils as early as 1909 and 1910 have been finally admitted.

The question now arises whether the persistent refusal to accede a single point in contention was not studied and persisted in with the hope that our schools would be unable to conform to the time limit. We have, however, met their every requirement, though we insisted it was formulated upon an erroneous basis. There will be a retrenchment in time; it must be through readjustment in the primary and secondary schools. The next move in medical education we await with interest. M.

BIRTH CONTROL.

I have always promised myself I would never write an editorial upon either sex or sex problems, as I have never studied these subjects beyond that point necessitated by every practitioner. I never have been especially interested in their study, and my professional life of more than a third of a century has been exceptionally free of the treatment of sex diseases, hence my inability to write from the standpoint of experience. I can not refrain from saying something upon "Birth Control," as just at present everyone seems competent to write upon it, and the newspapers have so much to say about those arrested for spreading literature upon the subject. As is always the case, they are being held up as martyrs or heroines being persecuted for uplifting and assisting downtrodden humanity.

Personally I look upon the whole business as a fake—an unnecessary propaganda that brings discredit upon the profession and womankind and an undue, undeserved attention to a theorist.

My observations do not lead me to believe that the majority of women need any such education. In the rural community in which I have practiced I can count more than thirty families with no children, and nearly twenty

with one only, and this in a corporative village of only twelve hundred. The same conditions hold true in the rural community surrounding the village, and I have observed it in my wanderings. It is apparent in the falling off in the enrollment of pupils in the rural schools. I have long since come to the conclusion there is no need of an education along this line. The lesson has already beeen mastered, and there is no doubt it will be taught without the present ill-advised and unseemly propaganda. M.

NOTES AND NEWS.

California.

Dr. B. N. Childs has removed from Santa Maria to 558 Gower Street, Los Angeles.

Dr. James Beard has removed to 708 E. Colorado Street, Pasadena.

J. A. Sassa has removed from 1621 Pico to 706 Wright & Callender Bldg., Los Angeles.

R. O. Hoffman has removed from 471 25th Street to 209 Granger Street, San Diego.

J. R. Nesbit has removed from 5863 Plymouth to 2005 Roberts Avenue, Los Angeles.

Dr. Harriet McGraw has removed from Kansas to Baker-Detwiler Bldg., Los Angeles.

Dr. C. O. Hansen has removed from Denver to Pasadena.

Dr. Lewis Lee is located at Seabright.

Dr. E. R. Petsky has removed from Long Beach to Bisbee, Arizona.

H. T. Webster has changed his address to 498 25th Street.

A bill introduced in the senate proposes to abolish the state boards of dental examination, medical examination, optometrists and embalmers, and to consolidate them with the State Board of Health. This would mean the saving of about $35,000 a year to the state. The act also provides for three lay members on the State Board of Health, who shall receive a salary of $2,400 a year. The bill was tabled by the senate public health and quarantine committee, March 20.

Without deciding constitutional questions, the Supreme Court at Washington, Jan. 8, affirmed refusal of California Federal courts to enjoin enforcement of California's medical practice law requiring licensing of "drugless" practitioners. The law exempts Christian Scientists. The ruling leaves it in full force and operation. The court also dismissed an appeal attacking the validity of California's law regulating practice of optometry and requiring licensing of "drugless" ophthalmologists, but exempting regularly licensed physicians and surgeons.

Dr. Ruth F. Wirick has opened an office at 418 Wright & Calender Bldg., Los Angeles.

Dr. Judson Liftchild has removed from Ukiah to 1060 Pine Street, San Francisco.

Dr. E. H. Byron has changed his address to 501 Cole Street, San Francisco.

Dr. J. B. Baker has removed from San Francisco to Upper Lake.

Indiana.

Dr. A. J. Nellans has removed from Shelbourne to 219 Linden Street, Elmwood Place.

The Eli Lilly Company, Indianapolis, has offered the local chapter of the American Red Cross $25,000 in the event of this country being drawn into war, to establish a base hospital of 500 beds. The offer is made as a memorial to Col. Eli Lilly of Indianapolis. Dr. Carleton B. McCulloch is to be director of the hospital.

The Chiropractic bill providing for a separate examining board was killed by the legislature; also the bill to modify the medical laws. Three hundred and fifty thousand dollars was appropriated for the medical department of the university, but the governor refused to approve the appropriation. The all time county health officer bill and the bill providing for the medical examination of school children were both defeated. Bills providing for health insurance, the regulation of venereal diseases, the prohibition of the sale of habit-forming drugs and the requiring of health certificates for a marriage license were also killed.

Illinois.

Bills reorganizing the state executive department in accordance with the plans of Governor Lowden have been introduced in the house and senate. Under the proposed plan the department of registration and education is to include the bureau of registration, which will have charge of the licensing of physicians, dentists, pharmacists, optometrists, barbers, nurses and all other members of professions and trades for whom state certificates are necessary. The bill also transfers the state food commission from the department of health to the department of agriculture.

Governor Lowden's consolidation bill, reorganizing the administrative department of the state government, has passed both houses of the legislature and become a law. The conference report was adopted unanimously by the senate and by a vote of 131 to 2 in the house. The bill abolishes or combines about 130 boards, bureaus and other separate governing agencies into nine departments, each under a director. The directors of the boards of finance, trade and commerce, and public welfare are to receive an annual salary of $7,000; the directors of the departments of agriculture and public health, a salary of $6,000, and the directors of the departments of education and registration, labor, and mines and minerals, $5,000 each. From a public health standpoint, the most radical changes are the creation of a department of health with a commissioner in place of the state board of health, and the consolidation of the work of examining and registering physicians, dentists, pharmacists, nurses, osteopaths, optometrists, drugless healers and all other registered professions under a department of education and registration, which will be conducted as a part of the educational machinery of the state.

Dr. N. A. Graves has been appointed on the consulting staff of the new Municipal Contagious Disease Hospital of Chicago by Mayor Thompson.

Dr. A. St. Clair Drake has been appointed Director of Public Health by Governor Lowden, in accordance with the provisions of the new consolidation bill of Illinois.

Dr. Chas. Woodward has removed from 607 Deming Place to 439 Roslyn Place, Chicago.

Dr. Florence T. Truax has removed from Atlanta, Ga., to Monticello, and has been appointed physician to the public schools.

Iowa.

A bill providing for the licensing of chiropractors has been killed in the house.

Kentucky.

J. C. Mitchell has removed to 904 S. Fifth Street, Louisville.

Louisiana.

The Louisiana State Boart of Medical Examiners has adopted a resolution providing that beginning with the session of 1918-19 no medical school or college will be considered in good standing that does not require for admission at least two years of work in an approved college of arts and sciences. This makes seventeen states in which the licensing boards have adopted the two-year standard.

Massachusetts.

Harvard Medical School, in co-operation with the Boston Dispensary, offers a fellowship to graduates in medicine who desire to pursue a course of study leading to the certificate of public health in the school for health officers, or to the degree of Doctor of Public Health in the department of preventive medicine and hygiene. Fellows are required to give half their time to the treatment and supervision of the sick in their homes, in a district of the city of Boston, and half their time to study or research at the Harvard Medical School. Appointments may be made for one or two years. The stipend is $750 per year. Applications stating previous experience, references, etc., should be made to Dr. Milton J. Rosenau, professor of preventive medicine and hygiene, Harvard Medical School, Boston.

Michigan.

Dr. Enoch Mather of Mt. Clemens has thoroughly remodeled his sanitarium, known as Gray Gables.

A report states that on February 23 the regents of the University of Michigan adopted a resolution confirming the union with the University of the Detroit College of Medicine and Surgery. The terms of the merger are that the latter shall turn over its charter, real estate, equipment and hospital privileges to the university, and that a fund of a million dollars will be raised for the development by the university of a graduate school of medicine in Detroit.

Missouri.

Dr. J. D. Hinkle has removed from 4106 Independence to 3336 Flora Street, Kansas City.

Nebraska.

Dr. Clarence R. Spradling is located at Hallam.

Nevada.

The ways and means committee of the state legislature, February 13, made an unfavorable report on assembly bill No. 64, which provides for the payment of $20 a day to each member of the State Board of Medical Examiners while the board is in session.

New Jersey.

Dr. Ugo Sissa has located at 329 Market Street, Paterson.

New York.

A bill has been introduced to compel registration each year by payment of $2.00.

A bill designed to legalize the dissemination of knowledge regarding the prevention of conception was introduced into the legislature, January 24, by one of the socialist members of that body.

The New York State Chamber of Commerce has put itself on record as opposed to the Mills bill for compulsory health insurance which was introduced into the senate January 15. The committee held that the expenses of sickness, allowance for medical attendance, etc., should be borne by the employer and employee, in equitable proportions and the state should pay only the expense of supervision. The chamber, however, favored the creation of a commission by the legislature which should ascertain whether employees are receiving a living wage and investigate the conditions under which they live.

The fifty-seventh annual meeting of the Eclectic Medical Society of the State of New York was held March 21 and 22, at the new County Court House, Albany, N. Y. The meeting was a successful one and interesting from many points. One hundred and twenty members paid their state and national dues during the first day of the meeting. Many interesting papers were read and discussed. A committee was appointed to investigate the present curriculum of the schools as they affect the general health of the child. The following officers were elected: President, J. H. Terpening, M.D., Fulton, N. Y.; 1st vice-president, E. G. Padgham, M.D., Geneva, N. Y.; 2nd vice-president, G. R. Thompson, M.D., Luzerne, N. Y.; 3rd vice-president, W. M. Dawley, M.D., Richfield Springs, N. Y.; secretary and state organizer, T. D. Adlerman, M.D., Brooklyn, N. Y.; corresponding secretary, E. H. King, M.D., Saratoga; treasurer, H. Stoesser, M.D., Union Course, L. I. The secretary and state organizer, Dr. T. D. Adlerman, proposed eight new members, who were elected on the second day of the meeting.

The society adjourned with a determination to make even better progress next year, and to meet again in Albany the last Wednesday and Thursday in March, 1918.

The report of the chairman of the legislative committee proved interesting in many ways. The notorious Mills bill about compulsory health insurance was defeated through the efforts of the committee, and the first time in many years, at a hearing before the senate committee, the representative of the Eclectic Medical Society of the State of New York was working hand in hand with the representative of the State Allopathic Society and the Homeopathic County Society of Brooklyn, trying to defeat the bill. School lines were for the time being forgotten (the State Homeopathic Society was not represented). The March bill and the Mahoney Eclectic Osteotherapy bill were also defeated.

At a meeting of the legislative committee of the Social Insurance Department of the National Civic Confederation, held in Albany, March 7, steps were taken to oppose the Mills bill for compulsory health insurance. The committee made sixteen objections to the bill, including statements that it would confer no benefits on employees or employers, but would create needless economic burdens on all concerned.

Dr. Chas. Lloyd has moved from 478 Fourth Street, Brooklyn, to 230 Riverside Drive and Ninety-fifth Street, New York.

The monthly meeting of the Eclectic Medical Society of Greater New York was held in the Johnston Building, 8 Nevins Street, Brooklyn, May 21, at 9 o'clock P.M. The essayists for the evening were: Dr. F. E. Elliot, "Eclege," and Dr. T. D. Adlerman, "A Peculiar Insanity."

Dr. Paul F. Sarubbi, having completed his interneship, has opened an office at 30 Oliver Street, New York City.

North Carolina.

The Bennett bill has passed both houses of the legislature and is now a law. It constitutes the offering for sale, sale, or advertising of any remedy purporting to cure cancer, paralysis, consumption, diabetes, Bright's disease, "or any other disease for which no cure has been found," or "any mechanical device for the treatment of diseases when the North Carolina State Board of Health shall declare that such device is without value in the treatment of diseases," a misdemeanor, punishable by a fine not exceeding $100 for each offense. It is made the duty of registered pharmacists to report such sales to the State Board of Pharmacy on penalty of forfeiture of their pharmacy license.

(This is a dangerous law, because capable of being made an instrument of oppression, rather than a safeguard of the people. Paralysis is not a disease, but a condition, and in some instances is curable. Diabetes, consumption and Bright's disease are also at times cured, else all physicians are culpable liars. A strict construction would not permit the advertising of braces for spinal curvature or talipes, unless endorsed by the State Board of Health. It is unwise and dangerous legislation.—ED.)

Ohio.

Dr. J. D. Smith, of Dayton, had the misfortune to run down an aged man on the streets of Dayton.

J. W. Murphy has removed from Greenfield to Orient.

Dr. Frank G. Boudreau, director of the division of communicable diseases, reports that over 1,300 cases of trachoma have been reported to the department since the disease was made reportable two years ago. Many cases have been reported among the foreign element of the larger cities and from the counties bordering on the Ohio River. The number reported represents only a part of the number existing in the State, Dr. Boudreau declares.

Measles in Ohio causes twice as many deaths every year as scarlet fever and more than twice as many as infantile paralysis, according to statistics compiled by Dr. Frank G. Boudreau, director of the division of communicable diseases, State Department of Health.

Jacob Schwartz has removed from 126 W. Twelfth Street, to 121 Findlay Street, Cincinnati.

In compiling statistics concerning the recent graduating class of the Eclectic Medical College, the following interesting information has been disclosed. The average of the 29 graduates is as follows: Age 26 plus; years of reading, 4½ plus; sessions attended, 4½ plus; each graduate completing seven laboratory course, averaged 12 confinement cases each, wrote up 39 case histories in the Dispensary, Seton Hospital and City Hospital services, witnessed 9 autopsies, 104 major operations and administered 24 anesthetics. This certainly shows that these young men have had unusual opportunities, and should be well qualified to enter the practice of medicine.

Dr. F. F. Demuth, of Cecil, was severely injured by a fall.

Z. R. Chamberlain, of Prairies Depot, has sold his practice and will remove.

Dr. F. F. Wurtsbaugh, of Richwood, has been in a critical physical condition for some time.

A bill enabling hospitals with five beds continuously occupied during the year to maintain a school for the training of pupil nurses has been passed by the House of Representatives. The law now requires an average of fifteen patients in the hospital as a minimum. The State Nurses' Association and the larger hospitals are opposed to the measure on the ground that it is lowering the standard of nursing.

Dr. Frederick O. Williams has moved his office from 196 E. Long Street to 131 E. State Street, Physicians and Dentists Building, Columbus.

John Thomas Lloyd, the only son of Prof. J. U. Lloyd, has obtained a year's leave of absence from Cornell University to join the American Ambulance Corps in France.

Dr. J. Stewart Hagen has been appointed as attending surgeon on the staff of the Cincinnati General Hospital. He has been for several years chief surgeon to the Police and Fire Departments.

Dr. J. F. York has removed from Huntington, W. Va., to Portsmouth.

Dr. Chas. S. Amidon has opened an office at 700 Livingston Building for the practice on diseases of the eye, ear, nose and throat.

Dr. Jacob B. Falk has accepted an interneship at the Massachusetts Homeopathic Hospital in Boston.

Dr. H. H. Nellans has moved his office from John and Seventh Streets to 219 Linden Street, Elmwood Place. His father, Dr. A. J. Nellans, has removed from Shelbourne, Ind., to the same location.

Dr. J. W. Salisbury has removed to 101 Lawn Vieco Drive, Toledo.

Dr. H. P. Feaster and family, of Delaware, and Dr. Wm. L. Werner and family, of Liepsic, spent the winter in Florida.

Dr. C. A. Hartley, of Troy, was elected Health Officer.

Dr. Eugene D. Geer, has removed from Centerville, Pa., to Sweden, O.

Dr. Guy Kent, of West Liberty, has been elected President of the Logan County Health Officers' Association.

Dr. Franklin D. Postle has been appointed surgeon with the rank of First Lieutenant in the Fourth Regiment (O. N. G.), Federal service.

Dr. H. C. Von Dahm has removed from Oakley to 314 St. James Building, Jacksonville, Fla.

The regular quarterly meeting of the Ohio State Medical Board was held at Columbus, April 2 and 3. All members present excepting Dr. Sherman, who is traveling in California. The Senate recently affirmed the appointments of C. E. Sawyer, made in 1916, and Lee Humphrey in 1917. Questions were submitted for the written and practical examinations for license for physicians, which will be held in Columbus June 11-14 inclusive. The following certificates were granted on reciprocity: Olga J. Pickman from Illinois, to Cleveland; Carl Mulky, from Iowa to Cleveland; Frank W. Weideman, from Maryland to Chillicothe; Leo C. Bean, from Maryland to Gallipolis; William R. Olmsted, from Ontario to Toledo; H. L. Smallman, from Michigan to Barberton; J. G. Wilmore, from Michigan to Cleveland; Max Friedlander, from New York to Akron; Ernest Zueblin, from Switzerland to Cincinnati Tuberculosis Sanitarium; R. B. Pratt, from Pennsylvania to Bellefontaine; D. D. Grim, from Pennsylvania to Loraine; Eugene D. Geer, E. M. I. '91, from Centerville, Pa., to Sweden; Andrew J. Nellans, Bennett '95, from Shelbourne, Ind., to Elmwood Place, Cincinnati; Frank Broughton, from Indiana to Toledo; E. N. Walker, from Missouri to Akron. Nine other applications were rejected. Three delayed drugless certificates were issued, five others were postponed for future action, and five were rejected outright.

Later the Board will take up the question of the violation of the fee-splitting section of the recent amendment to the medical bill.

The license of Robert B. Fee, who has been traveling for the so-called United Doctors, was revoked. The application for a re-issue of the certificate to George W. W. Walker, who for the second time has been arrested for traveling with the United Doctors, was rejected. The Secretary was instructed to proceed again against Dr. Jacobson, of Cleveland, who is still trying to conduct the business of the United Doctors in Ohio.

Oklahoma.

The passage of a new license bill by the Oklahoma legislature recently was due in great measure to the efforts of the Oklahoma State Medical Association. The bill provides that all persons offering to cure diseases or holding themselves up to the public as doctors or physicians must pass the examination of the State Board of Medical Examiners. The passage of this bill will, it is believed, eliminate chiropractors from Oklahoma.

It is reported that Dr. William S. Clarke, Oklahoma City, was recently convicted in the United States Court, at Guthrie, February 8, of violation of the Harrison Narcotic Law and was given a jail sentence of sixty days.

William Carver, of the Carver Chiropractor College, who inserted an advertisement in an Oklahoma city paper recently, headed, "Was the Senate Bought?" is said to have been found guilty of contempt, March 3, was fined $500 and sentenced to imprisonment for ten days in the county jail.

Dr. P. L. Lathrop has removed from Olathe, Kansas, to Ponca.

Dr. A. H. Collins has removed from Tulsa to Turley.

Dr. W. G. Choate has removed from Hot Springs, Arkansas, to Tulsa.

Oregon.

Dr. R. D. Ketchum has removed from Priceville to Bend.

The House of Representatives, by a vote of 37 to 18, passed the bill providing for sterilization of the feebleminded, insane, epileptics, habitual criminals, degenerates and perverts. The house bill provides for a board of eugenics composed of the State Board of Health and the superintendents of the Oregon and East Oregon State Hospitals, the feebleminded institute and the penitentiary. This board will have the power to hold investigations and to order sterilization. The senate bill leaves the question to the board of alienists in the county court, and the patient may take an appeal to the circuit court.

House Bill No. 311, which entitles osteopaths to practice minor surgery, administer anesthetics and dispense narcotics, was passed by the house and senate, and received the endorsement of the governor. While the profession of Oregon endeavored to defeat the bill, the governor, in a telegram to the Secretary of the State Board of Health, apparently endeavors to excuse himself for signing it, declaring that no protest whatever had been made.

Dr. J. A. Born has removed from 3201 Broadway to 606 E. Indiana Avenue, Spokane.

Dr. J. B. Burns has removed from Tacoma to North Yakima.

E. L. Smythe is located at Bremerton, and is City Health Officer.

Pennsylvania.

Properly trained nurses may administer anesthetics, according to a decision of the Pennsylvania State Board of Medical Licensure.

South Dakota.

The Chiropractic Bill failed to pass. A law forbidding the division of fees was enacted.

Tennessee.

The legislature has passed a bill forbidding fee-splitting; also one punishing physicians for signing false statements.

W. W. Phebus has moved from Miston to Kenton.

Texas.

Dr. M. F. Bettincourt, Mart, has been elected Secretary-Treasurer of the Texas State Board of Medical Examiners.

Both the Optometrist and Chiropractic Bills have been defeated.

Utah.

The Chiropractic Bill was killed in the house by a vote of 23 to 20. The Drugless Healers' Bill was killed by the sifting committee, as was the bill requiring health certificates before marirage. Bills regulating doctors' fees, creating a State Department of Health and amending the medical practice act so as to permit chiropractors to practice were killed in the house by striking out the enacting clause. Practically no public health legislation of any importance was enacted.

The new State Medical Board met at Salt Lake City, April 7, and organized, electing Dr. David C. Budge, Logan, president; Dr. Fred W. Taylor, Provo, vice-president; Dr. Walter M. Stookey, Salt Lake City, secretary-treasurer, and Dr. George F. Harding, corresponding secretary. The two new members of the board are Drs. Harry N. Mayo, Salt Lake City, and John R. A. Whitlock, Tremonton.

Vermont.

The governor has made the following appointments on the State Board of Medical Registration: Dr. W. Scott Nay, Underhill, reappointed for six years; Dr. Amos Eugene Parlin, Island Pond, a former member of the board, Eclectic member, for six years, and Dr. Edward Kirkland, Bellows Falls, as Homeopathic member, to fill out four years of the unexpired term of Dr. E. B. Whittaker.

West Virginia.

Dr. Jas. F. York has removed from Huntington to Portsmouth, Ohio.

J. F. Dunbar has removed from Huntington to Wheeling.

Dr. O. B. Rhinehart from 3327 Eoff Street to McMicken.

Dr. C. W. Halterman has removed from Clarksburg to Weston.

Dr. N. B. Jobes has removed to 306 Main Street, Wheeling.

Dr. Leslie E. Daugherty has located at Thomas.

Legislature passed bills establishing a tuberculosis sanatorium for colored people, amending the medical practice act by increasing the requirements for a license forbidding the division of fees and providing for the licensing of chiropodists by the State Board of Health Council.

J. H. Thornbury has removed from Poplar to Stow.

Washington.

At a meeting of the Washington State Board of Medical Examination the following officers were re-elected: Dr. Royal A. Gove, Tacoma, president;

Dr. Daniel M. Stone, Seattle, vice-president; Dr. Conrad N. Suttner, Walla Walla, secretary, and Herbert F. Morse, D.O., Wenatchee, treasurer.

A drugless healer bill and an amendment to the medical practice act were both vetoed by the governor.

Wyoming.

Dr. Walter S. Bogart has removed from Colorado to Rock River.

MISCELLANEOUS.

In the recently established birth-registration area of the United States—comprising the six New England States, New York, Pennsylvania, Michigan, Minnesota, and the District of Columbia, with an estimated population of 31,150,000, representing 31 per cent. of the total for the United States—776,304 infants were born alive in 1915, representing a birth rate of 24.9 per 1,000 of population. For every State in the registration area and for most of the cities there was a substantial excess of births over deaths, but this excess was most pronounced in those localities in which the proportion of foreign population is largest. The mortality of infants under one year of age averaged 100 per 1,000 births, ranging from 70 in Minnesota to 120 in Rhode Island, and, among places having 25,000 inhabitants or more, from 54 in Brookline and Malden, Mass., to 196 in Shenandoah, Pa. These are among the significant facts presented in a preliminary statement just made public by the Bureau of the Census.

After exhaustive tests upon rats, mice and guinea pigs, the use of radium as a cure for cancer and tumors has been found to be a failure, according to the annual report of Dr. Francis Carter Wood, head of the Crocker Cancer Research Fund of Columbia University. For cases in which operation is not possible radium is successful as a palliative only, the report states. "It is unquestionably possible to prolong life in a few instances," Dr. Wood says, "and to make the patients more comfortable by the judicious and intelligent employment of large quantities of radium. On the other hand, it is equally certain that the use of small quantities often results in a rapid extension of the tumor."

Pellagra, from which more than 100,000 persons in this country are said to be suffering, can be controlled, according to a report by a commission of the Post-Graduate Medical School and Hospital, New York City, made public November 18. The commission also announced its conclusion that the disease is infectious and is not caused by an unbalanced or inadequate diet. It found the disease spreads through lack of proper sewage facilities, and that the most effective means of combating it is by the installation of efficient sewage systems. The commission admitted that it had not discovered the cause of the disease. To test its theory a sewage system was built in Spartan

Mills, described by the commission as the "worst pellagra foci in South Carolina." The result was, said the report, that only one person living in the sewered district contracted the disease in the last twelve months.

According to a statement just issued by Surgeon-General Rupert Blue, young medical men between the ages of twenty-three and thirty-two will be given an opportunity each month to demonstrate their fitness for admission to the grade of Assistant Surgeon in the U. S. Public Health Service. There are several vacancies in this corps. Application for permission to take the examination should be made to the Surgeon-General, U. S. Public Health Service, Washington, D. C.

By an ordinance adopted last July, Phoenix, Arizona, has made it unlawful for any hospital, hotel, boarding or rooming house knowingly to receive, lodge or board any persons suffering from pulmonary tuberculosis, unless under a permit from the city health officer.

The General Education Board and the Rockefeller Foundation have each appropriated $1,000,000 to carry out the merger of the University of Chicago with a number of strong institutions, namely, the Presbyterian Hospital, the Children's Memorial Hospital, the Home for Crippled Children, the Durand Hospital, the Rush Medical College and the McCormick Memorial Research Institute. The Sprague Research Fund will also be devoted to the use of these institutions. It is the intention of these institutions to further increase their present merger fund by $6,000,000 or $8,000,000 through public gifts and endowments.

There are workmen's compensation laws in thirty-two states and three territories.

Realization of the University of Chicago's hope for one of the largest, most complete medical research schools in the world approach a certainty now that the Billings family, of Chicago, has donated $1,000,000 for the erection of a hospital. The hospital will be an adjunct to the research school, which has already been endowed with $3,750,000. The Billings gift brought the amount already in hand to within $550,000 of the amount needed to warrant starting the great medical school enterprise. The total needed is $7,500,000.

The investigation of surgical end-results is a matter of serious importance. The employment of special workers to carry on end-result investigations in the field is now the practice of a number of hospitals. Despite the cost involved, such proposals should be sympathetically received by hospital ad-

ministrators. The hospital is one of the greatest of existing social institutions, supported in this country at a total cost which staggers the imagination. The value of its output must not be assumed, but must be proved. The altruistic hospital surgeon will not permit his equanimity to be disturbed by the revelations of end-result investigations; if the disclosures are sometimes surprising, they are always instructive.—S. S. Goldwater, M.D., *Modern Hospital,* November, 1916.

DEATHS.

Abbott, Francis M., Eclectic Medical College, Cincinnati, 1870. At Indianapolis, Ind., Dec. 27; aged 76.

Adije, George Francis, Eclectic Medical Institute, Cincinnati, 1870. At his home in Newtonville, Ind., February 7; aged 79.

Baldwin, Thomas R., Eclectic Medical College, Cincinnati, 1890. At his home in Waco, Texas, January 17, 1917; aged 61.

Boskowitz, George W., Eclectic Medical College of the City of New York; member of the New York State and formerly president of the National Eclectic Medical Association; president of the Board of Trustees and member of the faculty of his alma mater. At Saratoga, Fla., March 15, 1917; aged 60.

Clover, William M., Eclectic Medical Institute, Cincinnati, 1867. At his home in Knox, Pa., February 26, 1917; aged 86.

Devore, John R., of Suwanee, Ga., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1900; former member of the Georgia State and National Eclectic Medical Associations. At Atlanta, Ga., January 24; aged 40.

Greene, Jared Alonzo, Eclectic Medical Institute, Cincinnati, 1867. At his home in Laconia, N. H., February 16; aged 71.

Hale, G. T., American Eclectic, St. Louis, Mo., 1876. At Junction City, Ark.; aged 82.

Hause, William, Eclectic Medical Institute, Cincinnati, 1865. At his home in Westport, Ind., March 22; aged 79.

Hayne, W. L., Georgia College of Eclectic Medicine and Surgery, Atlanta, Ga., 1889. At his home in Mallorysville, Ga., December 4; aged 63.

Horner, William H., Eclectic Medical College, Cincinnati, 1865. At his home in Duck Creek, W. Va., February 11; aged 76.

Johnston, William A., Eclectic Medical Institute, Cincinnati, 1881. At his home in Cambridge City, Ind., February 7; aged 79.

Knott, David C., Eclectic Medical Institute, 1882. At Plymouth, Ind., November 8; aged 59.

Laws, Ovid S., Eclectic Medical College, Cincinnati, 1854. At his home in Los Angeles, Calif., January 10, 1917; aged 89.

Leister, William LeRoy, Eclectic Medical Institute, Cincinnati, 1884. At Oakland City, Ind., March 4; aged 67.

LUNNEY, JOHN, Eclectic Medical College of Pennsylvania, Philadelphia, 1864. At his home in Darlington, S. C., February 17; aged 78.

RYAN, JOHN J., American Eclectic, St. Louis, 1878. At East St. Louis, Ill., January 20; aged 72.

SMILEY, MARTIN L., Eclectic Medical Institute, Cincinnati, 1877; member of the Kentucky State and National Eclectic Medical Associations. At his home in Catlettsburg, Ky., February 23, 1917; aged 74.

STITES, JOHN J., Eclectic Medical Institute, Cincinnati, 1850. At his home in Pontiac, Ill., March 25; aged 90.

WEBSTER, ELERY CHANNING, Eclectic Medical Institute, 1868. At Marion, Ind., December 17; aged 72.

WHEELER, CHARLES M., Bennett Medical College, Chicago, 1881. At his home in Stockton, California, January 22; aged 66.

WHITE, HARVEY A., of Chicago, Eclectic Medical Institute, Cincinnati, 1882. At Tampa, Florida, March 27; aged 78.

WILSON, W. D., License 1883. At his home in Beebe, Ark.; aged 74.

YANCY, WILLIAM BENJAMIN, Georgia College of Eclectic Medicine and Surgery, Atlanta, 1895. At his home in Atlanta, Ga., January 3; aged 49.

BOOK REVIEWS.

CATARACT: SENILE, TRAUMATIC AND CONGENITAL. By W. A. Fisher, M.D., Professor of Ophthalmology, Chicago Eye, Ear, Nose and Throat College. Published by Chicago Eye, Ear, Nose and Throat College, 1917. $1.50, postpaid.

This is a comprehensive article of 119 pages on cataract, and is fully illustrated. Several features are emphasized by the author: First, a new method of acquiring technique upon the eye-ball with the aid of four-week-old kittens. Second, discarding all kinds of eye specula and holding the lids away from the eye-ball when operating upon the eye after injuries. Third, dressing and treatment after cataract operations. Fourth, a modification of the Smith-Indian operation for cataract. Fifth, a method of treating injuries of the lens other than watchful waiting. Sixth, a systematic procedure for determining the treatment of congenital cataract. It is well worth the price to all operators.

MUNICIPAL ORDINANCES, RULES AND REGULATIONS PERTAINING TO PUBLIC HEALTH, 1915. Reprint No. 364 from Public Health Reports, 1915-1916. Government Printing Office, 1917.

STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH, adopted during the year 1915; REPRINT No. 338 from the Public Health Reports, 1915 and 1916.

STUDIES IN VOCATIONAL DISEASES. The effect of gas-heated appliances upon the air of workshops. Public Health Bulletin No. 81.

BOTANIC DRUGS: Their Materia Medica, Pharmacology and Therapeutics. By Thomas S. Blair, M.D., Editor *Medical Council;* author of "Public Hygiene," "A Practitioner's Handbook of Materia Medica and Therapeutics," and "Pocket Therapeutics"; formerly neurologist to Harrisburg (Pa.) Hospital. Large type, fully indexed, 394 pp. Price, $2.00. Cincinnati, Therapeutic Digest Pub. Co., 1917.

Fischelis, a year ago, drew attention to the increasing scarcity of imported medicinal products, and urged the utilization of available native supplies. He made an earnest plea for a larger use of galenicals, especially of indigenous plant origin. Prof. A. Tschirch, of the University of Berne, in a recent address deprecated the increasing use of the so-called active principles and synthetic medicaments, and that many physicians have disaccustomed themselves to the use of plant drugs. The wish expressed by him in London in 1909, "Let us go back to drugs," has already met with a larger echo than he dared hope at that time.

Blair has presented in this book in concise form a convincing argument for the restudy and enlarged use of galenicals. He is a trained pharmacologist as well as an active practitioner of medicine. He is thus competent to weigh the evidence presented from the research laboratory and that of the bedside. The author frankly admits he "realizes the fact most acutely that it is quite impossible, in our present state of knowledge, to prepare a truly scientific text" on the subject. But this deplorable state is, in a measure, a reproach to modern medicine. Galenicals have been used empirically for over 3,000 years, and their scientific study is a common duty. All of the botanic drugs in common use are described, with a critical review of their therapy. The exact dose is given, how best employed, and the distinctions in the use of allied drugs are gone into thoroughly. While there is evident a strong note of personal predilection owing to intimate study of various galenicals, the author is fair in giving due credit to the opinions of others. Blair's book is one of the most practical, sensible and dependable yet published on the subject. It has appeared at a very opportune time. It behooves every physician who has the interests of his patient at heart to get a copy and again become familiar with botanic drugs.

HOMEOPATHIC ECLECTIC CONFERENCE.

The fifth annual joint meeting of the committees representing the American Institute of Homeopathy, and the National Eclectic Medical Association, was held in the Auditorium Hotel at Chicago, Monday evening, February 5. The meeting was called to order by Chairman Fitzpatrick, and Dr. John K. Scudder acted as secretary. The roll call showed attendance of the following regularly appointed committeemen of ten:

American Institute of Homeopathy—Stewart, McCann, Siemon, Fitzpatrick, Copeland, Dewey.

National Eclectic Medical Association—Scudder, Mundy, Wilmeth, Best, Spindel, Cummins, Andrus, Canfield, Johnstonbaugh.

About a dozen Eclectic or Homeopathic State Board members were also in attendance ex-officio. Dr. Scudder suggested that hereafter this joint conference committee should consist of all Homeopathic and Eclectic State Board members, and at least one member representing each Homeopthic and Eclectic college, and such other members as the presidents of the National organizations might add. This motion was carried and ordered recommended to the two national bodies for their action next June. The present chairman and secretary were authorized to arrange a more definite program for the meeting to be held in Chicago in February, 1918.

After the secretary had disclosed the fact that six Eclectic State Board members were still not members of their national body, and that eight Homeopathic State Board members were not members of the A. I. H., the following resolution was submitted by a special committee consisting of Drs. Siemon, Copeland, Mundy and Cummins:

"*Resolved,* That we recommend to our National Societies that they take proper measures to induce present Board members of our respective schools to become members of their state and national bodies, and in the future to use every means to secure the appointment only of those in active affiliation with the state and national societies to membership on State Boards."

The meeting then adjourned.

AMENDMENT.

H. H. Blankmeyer, M.D., on behalf of the Texas Association, moves the following amendment: Article 3, "Membership," fourth line from the bottom, after the word Society add "On the first day of January following their respective meetings." In the By-Laws, Article 2, "Fees and Dues," fourth line, after the word Association add "On or before January 1 of each year."

The secretary's explanation is as follows:

The following is offered by H. H. Blankmeyer, M.D., of Aransas Pass, Texas:

"One common day for the payment of dues to the National by all the states."

Early in September, 1916, I received a request from the National President, W. E. Daniels, to use my best efforts to get the Texas membership in line. With this letter he enclosed a list of Lone Star delinquents that appeared a hair-raiser. It contained 71 names, and *not one* was shown to be in good standing, while 40, according to our records, were paid to October, 1917, and 26 others to 1916. Of course, this caused a correspondence with President Daniels, Secretary Best and Corresponding Secretary Mundy, the outcome of which was, that while Texas and the national records agreed, it was a misunderstanding on account of our different dates for annual meetings and of time of paying dues. Not one cent misapplied or miscredited, but a lack of a uniform system.

Can this be corrected? I think so, and therefore made this subject part

of my annual report, when by unanimous vote my views were approved and I was instructed to prepare this article for publication in the QUARTERLY and later to submit same for consideration at the National. Therefore, commenting on said report to the T. E. M. A. in reference to one common day for remitting state dues to the National, allow me to explain my position, but understand, with but one object—to help the cause.

October 9, 1916, in reply to an inquiry of mine in reference to President Daniels' letter of September, Dr. Best wrote me a very courteous, intelligent and thorough explanation of the National way. Allow me to illustrate my idea, and especially show why we had our misunderstanding, and Texas hopes to prescribe the remedy.

To quote from his letter:

First, the annual National dues are payable in advance. Thus your remittance for this year pays to June 1, 1916. Most of our State societies meet before the National, and reports coming to hand before June 1 are included in our annual settlement, but all coming after June 1 do not appear in our annual reports until next year, as our year and accounts are closed and we settle with the National at the time of meeting.

Second, your October report will be treated as a report from June 1, 1917, just as all other 1916 reports. While technically your State dues are payable June 1, we do not intend to embarrass your members by asking them to pay until you meet.

Third, why do we ask for dues before June 1? But when you meet in the Fall you can not do so, except for collections made in the interim. We want our full report ready by the end of the National year, June 1.

Fourth, new members this year will not become fully fledged National members until June 1, 1917, so we credit them a year in advance in order to be just to them.

Now bear in mind the National year closes June 1, regardless of whether your State meets May 25, June 5, or October 1.

Re-read Article 1. If your State meets before June, ask yourself how much time have you to get your "stay-at-homes" in line before June 1. Result—all are delinquent for a year. If you meet after June 1, like Texas, we are always in arrears unless we pay a year and a half in advance.

See Article 2. The best time to collect dues is at a meeting. Therefore no State should be expected to pay its National dues *before* its meeting, and after its meeting enough time should be allowed to line up the "stay-at-homes."

In November, 1915, Texas paid the National to June 1, 1916, but in May, 1916, National officers asked for another remittance for 1916-17. The members had paid at our annual meeting in October, 1915, so did not expect to pay again until October, 1916; but our treasurer, true to the National, sent out S. O. S. calls, but so few responded before June 1 that Texas did not pay again until September, and then only for some, and most of these could not understand why they had two calls in less than six months, hence misunderstandings and much letter writing. See the point? We had paid

in October, 1915, thought we were in good standing till 1916, while those who responded to the S. O. S. call actually were in good standing till 1917, and still, because it was not remitted in time to be credited to June 1, 1916, we are delinquent in the National and so advertised by the list sent to the president. Understand, all of us were acknowledged paid up to October, 1916, in Texas, and some to 1917, and still declared delinquent in the National, June, 1916. With such a system, or lack of system, there is bound to be misunderstandings, and Dr. Best or no one else to blame. It is the system.

Digest Article 4 and you will readily see the cause for more misunderstandings from every State that meets after June 1. The *remedy* is *one common day* after all States have met, for payment of the State dues to the National, and for the convenience of both Spring and Fall States, Texas has adopted and recommends January 1. Think of this. How will it work with your State? How will it work with the National? Compare it with your present system. If you meet in May or April, you collect from your members as they attend, the same as we do, who meet in September, October or November. After the close of the meeting each State knows who to class as delinquents and can labor with them until January 1, on which date *every State* remits to the National. Hence, collecting by the National from the States will be on the same date from all the United States, January 1, and all members in all States will be in the same good standing in the National from January to January.

The National, not meeting till June, has five whole months to co-operate with the States in a second effort to reinstate the delinquents that the State officers failed on, and, when reinstated before June 1, their names will be reported the same as if collected from before January 1. Is not this simple, but nevertheless true? And it will work after inaugurated, providing "the National keeps its financial fingers off the *individual* State members."

Work for dues from your members at your meeting and up to January, then from January to June, assisted by the National work for the reinstatements, but count and credit all members from January to January. Then the National officers have from June 1 to their meeting to complete their reports. Example: Texas.

At the close of our meeting, November 10, 1916, we had 46 paid up, 20 who paid in 1915, and 7 who paid in 1914 did not attend, so to January 1 Texas has 50 days and 27 definite persons to work on for dues before reporting them as delinquents. Then after January 1 we have five whole months more to use the combined efforts of both State and National to get the remainder, while we have the whole year to do missionary work with those who have never affiliated or owe more than two years.

There are 234 Eclectics in Texas; 46 are members, 20 owe one year; seven owe two years, leaving 141 cold, but not dead, missionary material.

To start the system it may be necessary for both State and National to advance their members to January 1, and make a slight change in the National Constitution as indicated.

FORTY-SEVENTH ANNUAL SESSION OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, NASHVILLE, TENN., JUNE 19-22, 1917.

Officers.

President.....W. E. Daniels, M.D., Madison, S. Dak.
First Vice-President.....W. W. Maple, M. D., Des Moines, Iowa
Second Vice-President.....E. B. Shewman, M.D., Cincinnati, Ohio
Third Vice-President.....Harry A. Shafor, M.D., Detroit, Mich.
Recording Secretary.....William P. Best, M.D., Indianapolis, Ind.
Corresponding Secretary and Editor....W. N. Mundy, M. D., Forest, Ohio
Treasurer.....E. G. Sharp, M.D., Guthrie, Okla.

Committees.

Council on Medical Education—Theo. D. Adlerman, M.D., Brooklyn, N. Y.; H. H. Helbing, M.D., St. Louis, Mo.; John Uri Lloyd, Ph.D., Cincinnati, Ohio.

Grievance—O. S. Coffin, Indianapolis, Ind.; E. R. Waterhouse, St. Louis, Mo.; E. R. Howard, Ft. Lauderdale, Fla.; W. E. Kinnett, Peoria, Ill.

Credentials—W. S. Glenn, State College, Pa.; H. H. Helbing, St. Louis, Mo.; E. L. Daniels, Atlanta, Ga.; M. B. Stine, Des Moines, Iowa.

Press—J. P. Harvill, Nashville, Tenn.; W. N. Mundy, Forest, Ohio.

Necrology and History—W. T. Gemmill, Forest, Ohio; N. M. Glenn, State College, Pa.; B. J. Wiesner, St. Louis, Mo.; Finley Ellingwood, Chicago, Ill.

Audit—J. C. Mitchell, Louisville, Ky.; H. H. Blankmeyer, Aransas Pass, Texas; J. A. McDonald, Century, Fla.

Publicity and Printing—J. K. Scudder, Cincinnati, Ohio; W. P. Best, Indianapolis, Ind.; J. U. Lloyd, Cincinnati, Ohio; E. J. Latta, Kenesaw, Neb.

Legislative—W. N. Mundy, Forest, Ohio; B. J. Wiesner, St. Louis, Mo.; E. J. Sharp, Guthrie, Okla.; M. E. Daniel, Honey Grove, Texas.

Medical Colleges—F. L. Wilmeth, Lincoln, Neb.; B. E. Dawson, Kansas City, Mo.; H. Ford Scudder, Los Angeles, Cal.; J. U. Lloyd, Cincinnati, Ohio; J. K. Scudder, Cincinnati, Ohio.

Committee on Arrangements and Entertainment—J. P. Harvill, Nashville, Tenn.; J. O. Cummings, Nashville, Tenn.; J. Harvill Hite, Nashville, Tenn.; A. E. Fuston, Shelbyville, Tenn.; Ivadell Rogers, Lawrenceburg, Tenn.; B. L. Simmons, Granville, Tenn.; R. O. Williams, Humboldt, Tenn.; M. M. Harvill, Nashville, Tenn.; R. L. Eaton, Nashville, Tenn.; P. P. McKeel Nashville, Tenn.

Finance Committee—J. C. Mitchell, Louisville, Ky.; B. K. Jones, Kenton, Ohio; H. A. Shafor, Detroit, Mich.

Committee on Conference with Homeopaths—C. L. Johnstonbaugh, Johnstown, Pa.; G. T. Fuller, Mayfield, Ky.; E. S. Spindell, Springfield, Ill.; T. A. Son, Bonne Terre, Mo.; J. P. Harvill, Nashville, Tenn.; J. K. Scudder, Cincinnati, Ohio; F. M. Andrus, Lincoln, Neb.; Wm. P. Best, Indianapolis, Ind.; M. S. Canfield, Frankfort, Ind.; W. N. Mundy, Forest, Ohio.

Committee on Organization.

Alabama—J. W. Daniel, Midland City.
Arkansas—L. Gardner, Russellville.
California—Geo. H. Greenwell, 8th and Figueroa Sts., Los Angeles.
Canada—J. Gordon Bennett, Halifax.

Colorado—J. A. Dugan, Greeley.
Connecticut—R. L. White, New Canaan.
Cuba—H. Frank Tudela, Guantanamo.
Delaware—Paul Inenschmidt, 826 Van Buren St., Wilmington.
District of Columbia—Geo. MacDonald, 1204 G Street, N. W., Washington.
Florida—Frank E. Gavlas, Lake Worth.
Georgia—E. L. Daniel, 701 Flatiron Bldg., Atlanta.
Idaho—Russell Truitt, Cottonwood.
Illinois—E. S. Spindell, Springfield.
Indiana—F. L. Hosman, Indianapolis.
Iowa—B. C. Minkler, Des Moines.
Kansas—J. H. Reinhart, Abilene.
Kentucky—M. M. Meadows, Fullerton.
Maine—Fred W. Abbott, Taunton, Mass.
Maryland—F. L. C. Helm, 2757 Nave St., Baltimore.
Massachusetts—C. E. Buck, Boston.
Michigan—C. H. Murphy,, Lansing.
Minnesota—F. E. Hufnail, Minneapolis.
Missouri—B. J. Wiesner, St. Louis.
Montana—W. H. English, Anaconda.
Nebraska—F. M. Swartwood, Lincoln.
New Hampshire—W. H. True, Laconia.
New Jersey—A. Liva, Lyndhurst.
New Mexico—H. K. Riddle, Reserve.
Nevada—J. T. Martin, Reno.
New York—T. D. Adlerman, Brooklyn.
Ohio—W. N. Mundy, Forest.
Oklahoma—T. L. Sharp, Orlando.
Oregon—H. L. Henderson, Astoria.
Pennsylvania—W. S. Glenn, State College.
Rhode Island—D. L. Powe, Providence.
South Dakota—W. E. Daniels, Madison.
South Carolina—Jas. W. Johnson, Savage.
Tennessee—J. P. Harvill, 608 Monroe St., Nashville.
Texas—H. H. Blankmeyer, Aransas Pass.
Utah—C. L. Olson, Murray.
Vermont—P. L. Templeton, Montpelier.
Virgina—I. N. Baker, Whitacre, Bills Co.
Washington—J. W. Cosford, Spokane.
West Virgina—A. C. Lambert, Charleston.
Wisconsin—R. C. Rodecker, Holcomb.
Wyoming—T. A. Dean, Casper.

PROGRAM.

Tuesday, June 19—10:30 A.M.

Call to Order by the President.....W. E. Daniels, M.D.
Invocation.....Dr. John R. Gunn, Pastor Central Baptist Church
Address of Welcome.....Hon. Tom C. Rye, Governor, State of Tennessee
Address of Welcome.....Hon. Robert Ewing, Mayor of Nashville
Address of Welcome on behalf of State Society,
J. Paul Harvill, M.D., Chairman Entertainment Com., Nashville, Tenn.
Response.....John Uri Lloyd, Ph.D., Cincinnati, Ohio

Business Session.

Calling Roll of Officers.
Calling Roll of States for the formation of Committee of Delegates.
Approval of Minutes of last meeting.
Report of Recording Secretary.
Report of Corresponding Secretary.
Report of Treasurer.
Report of Standing Committees:
(a) Council of Education.
(b) Conference with Homeopaths.
(c) Necrology and History.
(d) Legislation and Organization.
(e) Finance.
Report of Special Committees.
Appointment of New Committees.
Miscellaneous or New Business.

TUESDAY—2:00 P.M.

President's Address.....W. E. Daniels, M.D., Madison, S. D.
Business Session—

Section I—Public Health.

Chairman.....Carll S. Mundy, M.D., Toledo, Ohio
Vice-Chairman.....V. L. Bell, M.D., Grand Rapids, Mich.
Secretary.....Geo. L. Severs, M.D., Centerville, Iowa

1. Public Health and Its Methods of Accomplishment,
Brose Horne, M.D., Gary, Ind.
2. Diphtheria Control in Our Public Schools,
Chas. N. Brown, M.D., Fairmount, Ind.
3. (Subject unannounced).....E. S. Spindell, M.D., Springfield, Ill.
4. Junior Health Officer as Public Health Defense,
O. C. Baird, M.D., Chanute, Kans.
5. Conservation of the Public Health,
Geo. F. Severs, M.D., Centerville, Iowa
6. Public Health and How It Should Be Protected,
H. H. Converse, M.D., Eastford, Conn.
7. Tuberculosis and Means for Preventing,
Geo. T. Fuller, M.D., Mayfield, Ky.
8. Importance of Unsanitary Housing..H. A. Shafor, M.D., Detroit, Mich.
9. The Problem of the Diphtheria Carrier,
Carll S. Mundy, M.D., Toledo, Ohio
10. (Subject unannounced),
J. J. Sippy, M.D., State Epidemiologist, Kansas

Section II—Pediatrics.

Chairman.....H. A. Shafor, M.D., Detroit, Mich.
Vice-Chairman.....T. D. Adlerman, M.D., Brooklyn, N. Y.
Secretary.....Dr. Hulse, Detroit, Mich.

1. Pneumonia.....Ira F. Hanley, M.D., Canandaigua, N. Y.
2. Poliomylitis—Its Etiology, Symptoms and Treatment,
T. D. Adlerman, M.D., Brooklyn, N. Y.
3. Diabetes in Children.....R. L. Thomas, M.D., Cincinnati, Ohio
4. Eczema.....J. C. Wottring, M.D., Cincinnati, Ohio
5. Albuminuria.....S. G. Goode, M.D., Sidney, Ohio

6. Scarlet Fever.....A. W. Hobby, M.D., Sidney, Ohio
7. Oral Nasal Infections.....J. P. Harbert, M.D., Bellefontaine, Ohio
8. Congenital Fissures of the Frontal Cranium; Cleft Palate; Hair Lip,
E. B. Shewman, M.D., Cincinnati, Ohio
9. Tuberculosis of the Lymph Passages..J. S. Hagen, M.D., Cincinnati, O.
10. Injuries of the Infantile Skeleton..H. H. Helbing, M.D., St. Louis, Mo.
11. Measles.....J. Baird, M.D., Coffeyville, Kan.
12. Diseases of Nutrition in Infancy....H. V. Brown, M.D., Los Angeles
13. Children's Diseases of the Liver..W. E. Bloyer, M.D., Buckland, Ohio
14. Whooping Cough.....A. S. Ross, M.D., Sabetha, Kans.
15. Scrofula.....Jas. Yates, M.D., Corona, N. Mex.
16. Acute Articular Rheumatism...Ida F. Kittridge, M.D., St. Louis, Mo.
17. Diphtheria.....Madge Poots, M.D., Broken Bow, Neb.
18. Malaria.....E. R. Nutter, M.D., Burr Oak, Kans.
19. Epidemic Parotitis.....Mary A. Willis, M.D., Jersey City, Neb.
20. Tubercular Skin Diseases.....W. N. Mundy, M.D., Forest, Ohio
21. Spinal Curvature.....H. A. Shafor, M.D., Detroit, Mich.
22. Diseases of Nutrition in Infancy,
Harry V. Brown, M.D., Los Angeles, Cal.

WEDNESDAY, JUNE 20—9:00 A.M.

Business Session—

Section III—Practice.

Chairman.....B. E. Dawson, M.D., Kansas City, Mo.
Vice-Chairman.....Rosa B. Gates, M.D., Waco, Texas
Secretary.....S. G. Boyce, M.D., Little Rock, Ark.

1. Malaria, How Treated.....Benj. L. Simmons, M.D., Granville, Texas
2. The Relationship of Surgery to General Practice,
H. H. Helbing, St. Louis, Mo.
3. Practice From the Surgeon's Standpoint,
G. H. Stagner, M.D., Waco, Texas
4. The Treatment of Eczema.....O. C. Baird, M.D., Chanute, Kans.
5. The Blood Pressure.....C. E. Laws, M.D., Ft. Smith, Ark.
6. What to Do and What Not to Do in Pneumonia,
A. F. Stephens, M.D., St. Louis, Mo.
7. Then and Now.....B. E. Dawson, M.D., Kansas City, Mo.
8. (Subject unannounced).....J. F. Cave, M.D., Kansas City, Mo.
9. Old Age; Its Relation to Diet and Blood Pressure,
A. S. Tuchler, M.D., San Francisco, Cal.
10. Spasmodic Structure of the Esophagus; Its Electrical Treatment,
A. S. Tuchler, M.D., San Francisco, Cal.
11. Rheumatism.....M. W. Meadows, M.D., Fullerton, Ky.

Section IV—Ophthalmology, Otology, Rhinology and Laryngology.

Chairman.....O. L. Iden, M.D., Somerset, Ohio
Vice-Chairman.....J. P. Harbert, M.D., Bellefontaine, Ohio
Secretary.....C. S. Amidon, M.D., Cincinnati, Ohio

1. The Standard of Vision Required for War Services,
F. M. Swartwood, M.D., Lincoln, Neb.
2. The Use of Vaccine in Middle Ear Suppuration,
C. S. Amidon, M.D., Cincinnati, Ohio

3. The Necessity for a General Knowledge of Glaucoma Among Internists.....J. C. Solomon, M.D., Los Angeles, Cal.
4. The Present Status of Tonsillectomy, R. C. Heflebower, M.D., Cincinnati, Ohio
5. Focal Infections; Their Relation to General Medicine, C. M. Neldon, M.D., Coshocton, Ohio
6. Occupational Eye Diseases...J. P. Harbert, M.D., Bellefontaine, Ohio
7. (Subject unannounced).....John H. Powell, M.D., Atlanta, Ga.
8. Eye Strain and Its Relation to the General Practitioner, J. F. Barbrick, M.D., Boston, Mass.

WEDNESDAY, JUNE 20—2:00 P.M.

Business Session—

Section V—Pathology.

Chairman.....E. B. Shewman, M.D., Cincinnati, Ohio
Vice-Chairman.....O. C. Baird, M.D., Chanute, Kans.
Secretary.....B. H. Nellans, M.D., Cincinnati, Ohio

1. Pathological Conditions We Most Commonly Meet, B. L. Simmons, M.D., Granville, Tenn.
2. Pathological Conditions of Excessive Eating and Lack of Rest That Shortens Life.....H. T. King, M.D., Humboldt, Tenn.
3. Pathology and Results of Neglected Error and Refraction of the Eyes.....J. McWheeler, M.D., Bloomington Springs, Tenn.
4. Scarlet Fever and Sequela....C. B. Backus, M.D., Carbondale, W. Va.
5. The Beginning of Some Pathological Conditions Developing Into Pronounced Disease.....O. C. Baird, M.D., Chanute, Kans.
6. Pyorrhea; Probable Cause, with Pathology, J. H. Hauck, M.D., Terre Haute, Ind.
7. Pathology of Syphilis Discriminated from Mercurial Poisoning, Janet D. Quinn, M.D., Los Angeles, Cal.
8. (Subject unannounced).....E. M. Wright, M.D., Warsaw, Ohio
9. Pathology and Sequel of Pink Eye, W. W. Tindel, M.D., Shelbyville, Ind.
10. The Differential White Blood Count, J. S. Payne, M.D., Cincinnati, Ohio
11. Gastric Ulcer.....J. Harvill Hite, M.D., Nashville, Tenn.
12. (Subject unannounced).....Geo. C. Porter, M.D., Linden, Ind.
13. The Role of the Tonsil in Local Infection, C. S. Amidon, M.D., Cincinnati, Ohio
14. Post-operative Ileus.....J. Earl Holman, M.D., Indianapolis, Ind.
15. Mal-positions of Kidney.....E. B. Shewman, M.D., Cincinnati, Ohio
16. Pneumonia; Its Pathology.....Z. H. Balmer, M.D., Toledo, Ohio
17. Anatomical Anomalies Vs. Pathology, A. J. Nunnamaker, M.D., Cincinnati, Ohio
18. The Importance of the Laboratory, B. H. Nellans, M.D., Cincinnati, Ohio
19. (Subject unannounced).....H. C. Shafor, M.D., Detroit, Mich.
20. The Pathology of the Thyroid Gland in Goiter, B. Roswell Hubbard, M.D., Los Angeles, Cal.

THURSDAY, JUNE 21—9:00 A.M.

Business Session—

Section VI—Mental and Nervous Diseases.

Chairman.....T. D. Adlerman, M.D., Brooklyn, N. Y.
Vice-Chairman.....W. E. Postle, M.D., Shepard, Ohio
Secretary.....F. S. Peck, M.D., Oklahoma City, Okla.

1. Psychology.....F. S. Peck, M.D., Oklahoma City, Okla.
2. Paranoia.....W. E. Postle, M.D., Shepard, Ohio
3. The Borderland of Insanity....T. D. Adlerman, M.D., Brooklyn, N. Y.
4. Poliomyelitis; Etiology, Symptoms and Treatment, T. D. Adlerman, M.D., Brooklyn, N. Y.
5. Crime in Relation to Insanity; Insanity in Relation to Crime; Insanity and Crime in Relation to the Future of the United States.....T. D. Adlerman, M.D., Brooklyn, N. Y.

Section VII—Surgery.

Chairman.....F. L. Wilmeth, M.D., Lincoln, Neb.
Vice-Chairman.....H. H. Helbing, M.D., St. Louis, Mo.
Secretary.....J. R. DuVall, M.D., Atlanta, Ga.

1. Fractures of the Elbow Joint...L. C. M. Conley, M.D., Detroit, Mich.
2. Surgical and Constitutional Treatment of Pustula Maligna, Stanley Tommasello, M.D., Greenwich, Conn.
3. Cholelithiasis.....E. B. Shewman, M.D., Cincinnati, Ohio
4. Modern Surgical Technique and Its Effects Upon Mortality, J. S. Hagen, M.D., Cincinnati, Ohio
5. Wrongs of the Prostate and Their Treatment, L. E. Russell, M.D., Cincinnati, Ohio
6. Appendicitis.....H. H. Helbing, M.D., St. Louis, Mo.
7. Emergency Cement Mill Cases, Q. Robert Hauss, M.D., Sellersburg, Ind.
8. Foreign Body in Larynx Seven Months, H. H. Helbing, M.D., St. Louis, Mo.
9. Urethral Obstruction.....F. M. Andrus, M.D., Lincoln, Neb.
10. Ileus.....W. T. Johnson, M.D., Pawnee City, Neb.
11. Talipes.....J. Morrow, Seward, Neb.
12. Hemorrhoids, or Prolapsus....B. E. Dawson, M.D., Kansas City, Mo.
13. Cæsarean Section.....W. N. Ramey, M.D., Lincoln, Neb.
14. Uterine Fibroid.....W. W. Maple, M.D., Des Moines, Iowa
15. Surgical Stomach.....E. B. Shewman, M.D., Cincinnati, Ohio
16 Thyroidectomy, June, 1917.....L. E. Russell, M.D., Cincinnati, Ohio
17. Surgery of the Gall-Bladder.....Earl H. King, M.D., Brooklyn, N. Y.
18. Local Anesthesia.....B. R. Hubbard, M.D., Los Angeles, Cal.
19. Trachelorrhaphy.....L. E. Eslick, M.D., Rockwell, Ky.
20. Surgery of the Breast.....O. C. Welbourn, M.D., Los Angeles, Cal.
21. Pelvic Infection.....J. R. DuVall, M.D., Atlanta, Ga.
21. Pancreatitis.....Louis Lanzer, M.D., Brooklyn, N. Y.
23. Decompression.....F. L. Wilmeth, M.D., Lincoln, Neb.
24. Skin Grafting.....A. J. Widener, M.D., Little Rock, Ark.
25. Gall-Bladder Pathology.....E. G. Sharp, M.D., Guthrie, Okla.
26. Fracture of the Forearm.....S. A. Lutgen, M.D., Auburn, Neb.
27. Hypothyroidism.....O. M. Moore, M.D., York, Neb.
28. T. B. Hip Joint.....E. J. Farnum, M.D., Chicago, Ill.
29. First Aid, Military.....Maj. J. F. Spealman, N. N. G., Lincoln, Neb.
30. Field Hospital.....Lieut. F. M. Swartwood, N. N. G., Lincoln, Neb.
31. Reserve Surgical Service.....F. L. Wilmeth, M.D., Lincoln, Neb.

THURSDAY, JUNE 21—2:00 P.M.

Business Session—

Section VIII—Therapeutics.

Chairman.....Richard J. Lambert, Ph.G., M.D., St. Charles, Ill.
Vice-Chairman.....A. F. Stephens, M.D., St. Louis, Mo.
Secretary.....Frank Webb, M.D., Bridgeport, Conn.

Symposium of the Therapeusis of Tuberculosis, Pneumonia and Other Infectious Diseases.

1. Oration, "Certain Phases of Colloidal Phenomena,"
   John Uri Lloyd, Ph.G., Cincinnati, Ohio
2. Oration, "Botanic vs. Therapeutic Relationship,"
   Herbert T. Webster, M.D., Oakland, Cal.
3. Tuberculosis—
   1. Prophylactic.....E. G. Sharp, M.D., Guthrie, Okla.
      (a) Organization.....J. P. Harvill, M.D., Nashville, Tenn.
      (b) Disinfection.....G. W. Martin, M.D., Portsmouth, Ohio
      (c) Individual Prophylaxis....J. W. Pruett, M.D., St. Louis, Mo.
   2. Treatment by Internal Medication,
      Lee Strouse, M.D., Covington, Ky.
      (a) Vegetable Products..E. R. Waterhouse, M.D., St. Louis, Mo.
      (b) Lobelia and Echinacea,
      Finley Ellingwood, M.D., Evanston, Ill.
      (c) Chemical Products.....J. C. Mitchell M.D., Louisville, Ky.
      (d) Animal Products.....J. L. Franklin, M.D., Chillicothe, Ohio
   3. Treatment by Hypodermic Intermuscular and Intravenous Medication—
      (a) Vegetable Products.....V. von Unruh, M.D., New York City
      (b) Chemical Products.....H. H. Helbing, M.D., St. Louis, Mo.
      (c) Animal Products.....J. Scudder Hall, M.D., Hicksville, Ohio
   4. Treatment by General Therapeutic Measures—
      (a) Sanitarium and Special Treatment,
      Z. L. Baldwin, M.D., Kalamazoo, Mich.
      (b) Climatic..... { L. L. Downs, M.D., Waco, Texas / R. N. Howard, M.D., Ft. Lauderdale, Fla.
      (c) Hygienic.....Carll S. Mundy, M.D., Toledo, Ohio
      (d) Dietary.....H. P. Martin, M.D., Chillicothe, Ohio
4. Pneumonia—
   (a) Prophylactic..... { C. W. N. Mundy, M.D., Forest, Ohio / R. L. Thomas, M.D., Cincinnati, Ohio
   (b) Treatment by Internal Medication,
   A. F. Stevens, M.D., St. Louis, Mo.
   Ivadell Rogers, M.D., Lawrence, Tenn.
   (c) Treatment by Hypodermic Intermuscular and Intravenous Medication.....H. W. Felter, M.D., Cincinnati, Ohio
   (d) Treatment by General Therapeutic Measures,
   F. M. Andrus, M.D., Lincoln, Neb.
   (e) Treatment by General Therapeutic Measures of a Comparative Nature...Wm. E. Best, M.D., Indianapolis, Ind.
   (f) Lobular Pneumonia.....S. W. Moreland, M.D., Jonesboro
5. Other Infectious Diseases.....R. J. Lambert, M.D., St. Charles, Ill.

FRIDAY, JUNE 22—9:00 A.M.

Business Session—

Section IX—Orificial Surgery.

Chairman.....A. W. Hobby, M.D., Sidney, Ohio
Vice-Chairman.....E. B. Dawson, M.D., Kansas City, Mo.
Secretary.....B. J. Wiesner, M.D., St. Louis, Mo.

1. Why There Are "Black Sheep" in Some Families,
E. B. Dawson, M.D., Kansas City, Mo.
2. Post-operative Treatment of Orificial Cases,
H. E. Beebe, M.D., Sidney, Ohio
3. Orificial Surgery in Tubercular Treatment,
Z. L. Baldwin, M.D., Kalamazoo, Mich.
4. Illustrating Some Cases.....J. H. Hauck, M.D., Terre Haute, Ind.
5. The Eye as an Orifice.....A. W. Hobby, M.D., Sidney, Ohio

Section X—Gynecology and Obstetrics.

Chairman.....Finley Ellingwood, M.D., Evanston, Ill.
Vice-Chairman.....J. R. Spencer, M.D., Cincinnati, Ohio
Secretary.....M. E. Welker, M.D., Cincinnati, Ohio

1. Puerperal Preparation and Its Influence,
Finley Ellingwood, M.D., Evanston, Ill.
2. Are Our Vegetable Uterine Remedies Valueless?
Jennie M. Coveret, M.D., Daytona, Fla.
3. Are Labors More Severe, or Instrumental Deliveries Necessary More Frequently Than Formerly?
W. L. Marks, M.D., Grand Rapids, Mich.
4. Lessons Essential That the Physician Should Teach His Patient in the Matter of Motherhood,
Edith Lowry Lambert, M.D., St. Charles, Ill.
5. Some Practical Experiences in Obstetrics,
R. C. Rodecker, M.D., Holcomb, Wis.
6. Breech Presentations.....M. E. Welker, M.D., Cincinnati, Ohio
7. Abortion.....R. C. Rodecker, M.D., Holcombe, Wis.

Business Session.

1. Unfinished Business.
2. Installation of Officers.
3. Appointment of Standing Committees.

Adjournment.

Convention Headquarters: Hotel Hermitage.

APPLICATIONS FOR MEMBERSHIP.

February 20 to May 20, 1917.

West Virginia—Daugherty, L. E., Thomas; Musick, Rufus M., Gilbert.
Massachusetts—Mahan, L. G. B.
Washington—Benton, Alice A., Pullman.
Kansas—Griffith, T. K., Kanapolis; Patterson, B. J., Pratt.
Nebraska—Marvel, P. O., Giltner.
New Jersey—Young, Jennie E., Jersey City.
New York—Baker, C. E., Marietta; Crane, John M., Addison; Dawley, Louis B., Westown; DeVoe, J. T., Scottsburg; Grantier, W. W., Buffalo; Hargest, Geo. W., St. James; Skou, M. H., Bellemore; Redmond, Edwin T., Brooklyn; Mols, J. P., Buffalo; Sprynszinski, S. M., Buffalo; Thirion, Rene M., Buffalo.
Idaho—Herrington, J. J., Gifford.
Oklahoma—Goad, S. L., Coalgate; Hannah, R. S., Prague; Milligan, E. T., Geary; Young, A. H., Jennings.
Ohio—Strosnider, J. N., R. F. D., Houston.
Florida—Munch, G. A., Tampa.

CKS
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SEPTEMBER, 1916. VOL. 8, No. 1.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY

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Edited by WILLIAM NELSON MUNDY, M.D.,

Forest, Hardin County, Ohio

A journal of Eclectic medicine and surgery, comprising the proceedings, papers and discussions of the Association and published in the interest of the Eclectic system of medicine. Published by the Association, 640 West Sixth Street, Cincinnati, Ohio.

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DECEMBER, 1916. VOL. 8, No. 2.

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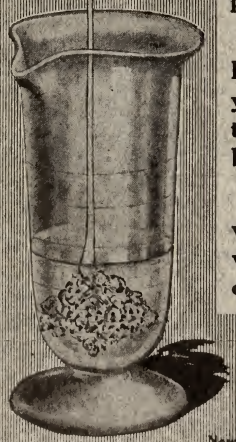

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MARCH, 1917. VOL. 8, No. 3.

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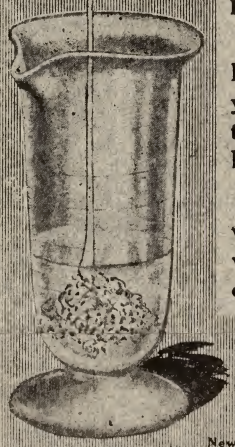

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JUNE, 1917. VOL. 8, No. 4.

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